Team Entry Form

The 50th Annual Robert Unger ISI Team Competition
May 3-5 2019 Entries Due: April 1, 2019

Return entries to: Robert Unger ISI Team Competition
Ice Chalet
100 Lebanon Street
Knoxville TN 37919

Endorsed by the Ice Sports Industry: 1-3338-2018

phone (865) 588-1858 ● fax (865) 588-7509 ● icechalet@chaleticerinks.com
www.chaleticerinks.com/competition.htm

Return entry form to your team coach with your entry fee.
All entries must be postmarked by April 1, 2019. No refunds.

Please print:

Name of Team _____ Phone _____

Rink/Team Represented _____

Rink Address _____ City _____ State _____ Zip _____

Contact Person _____ E-mail Address: _____

Please use a separate Group Entry Form for each event entered. ($ 12.00 per skater unless otherwise noted)

- ❑ Family Spotlight
  Highest Skill Level of Any of These Skaters:
  ❑ Low (Tots-Delta) ❑ Medium (FS 1-3)
  ❑ Interm. (FS 4-5) ❑ High (FS 6-10)
- ❑ Ensemble
  Highest Skill Level of Any of These Skaters:
  ❑ Low (Tots-Delta) ❑ Medium (FS 1-3)
  ❑ Interm. (FS 4-5) ❑ High (FS 6-10)
- ❑ Theme Ensemble
  Highest Skill Level of Any of These Skaters:
  ❑ Low (Tots-Delta) ❑ Medium (FS 1-3)
  ❑ Interm. (FS 4-5) ❑ High (FS 6-10)
- ❑ Production Number
  ❑ Theme?

- ❑ Synchro Formation Compulsories
- ❑ Synchro Formation
- ❑ Synchro Advanced Formation
- ❑ Synchro Skating Compulsories
- ❑ Synchro Skating
- ❑ Synchro Skating Open
- ❑ Synchro Dance Compulsories
- ❑ Synchro Dance
- ❑ Freestyle Synchro
- ❑ Kaleidoskate
- ❑ Theater Production
- ❑ Team Compulsories: Specify level (1-10) _____

Note - Theme for 2019: "Welcome to the Jungle" –
Have a wild time exploring your inner instincts!

Age Category:
- ❑ Tots
- ❑ Junior Youth
- ❑ Youth
- ❑ Senior Youth
- ❑ Teen
- ❑ Collegiate
- ❑ Adult
- ❑ Master

❑ Team Interpretive -- Free & Fun! **Team Size:** ❑ Small (3-6 skaters) ❑ Med. (7-15 skaters) ❑ Large (16 or more skaters)
Skaters can only participate on one team. Not officially competed, but judged for fun, celebrity-style! Music to be provided on Thursday!

NAME (Please print clearly)	Age as of 7/1/18	Birthdate (Month/Day/Year)	Highest Test Passed (if any)	ISI#	USFS? (See note)
1.					❑
2.					❑
3.					❑
4.					❑
5.					❑
6.					❑
7.					❑
8.					❑
9.					❑
10.					❑
11.					❑
12.					❑
13.					❑
14.					❑
15.					❑
16.					❑
17.					❑
18.					❑
19.					❑
20.					❑

USFS? Indicate with check mark any team member who has competed at or above the Novice level (individual or synchronized) at any USFS National Championship within the last two years.

All fees $12.00/skater, except Team Interpretive, which is free. Group leader should submit one check payable to "Ice Chalet." **Total : $ _____**

I have notified all team members that they skate at their own risk & hereby release the Ice Chalet, its owners & personnel from all liability.

Date_____ Signature of Coach_____