



Team Entry Form

The 52nd Annual Robert Unger ISI Team Competition

April 30-May 2, 2021 Entries Due: April 1, 2021

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

**Endorsed by the
Ice Sports Industry:**

(865) 588-1858 • 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, 2021**. 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)

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Family Spotlight
Highest Skill Level of Any of These Skaters:
<input type="checkbox"/> Low (Tots-Delta) <input type="checkbox"/> Medium (FS 1-3)
<input type="checkbox"/> Interm. (FS 4-5) <input type="checkbox"/> High (FS 6-10) | <input type="checkbox"/> Synchro Formation Compulsories
<input type="checkbox"/> Synchro Formation
<input type="checkbox"/> Synchro Advanced Formation
<input type="checkbox"/> Synchro Skating Compulsories
<input type="checkbox"/> Synchro Skating
<input type="checkbox"/> Synchro Skating Open
<input type="checkbox"/> Synchro Dance Compulsories
<input type="checkbox"/> Synchro Dance
<input type="checkbox"/> Freestyle Synchro
<input type="checkbox"/> Kaleidoskate
<input type="checkbox"/> Team Compulsories: Specify level (1-10) _____ | Age Category:
<input type="checkbox"/> Tots
<input type="checkbox"/> Junior Youth
<input type="checkbox"/> Youth
<input type="checkbox"/> Senior Youth
<input type="checkbox"/> Teen
<input type="checkbox"/> Collegiate
<input type="checkbox"/> Adult
<input type="checkbox"/> Master |
| <input type="checkbox"/> Ensemble
Highest Skill Level of Any of These Skaters:
<input type="checkbox"/> Low (Tots-Delta) <input type="checkbox"/> Medium (FS 1-3)
<input type="checkbox"/> Interm. (FS 4-5) <input type="checkbox"/> High (FS 6-10) | | |
| <input type="checkbox"/> Theme Ensemble
Highest Skill Level of Any of These Skaters:
<input type="checkbox"/> Low (Tots-Delta) <input type="checkbox"/> Medium (FS 1-3)
<input type="checkbox"/> Interm. (FS 4-5) <input type="checkbox"/> High (FS 6-10) | | |
| <input type="checkbox"/> Production Number
<input type="checkbox"/> Theme
<input type="checkbox"/> Other | | |
| <input type="checkbox"/> Theater Production | | |

Note - Theme for 2020: "VACATION" – *All I Ever Wanted, Had to Get Away!*

Team Interpretive -- Free & Fun! **Team Size:** Small (3-6 skaters) Med. (7-13 skaters) Large (14-20 skaters)

Skaters can only participate on one team. Not officially competed, but judged for fun, celebrity-style! Music to be provided on Thursday!
Please note: Due to the COVID-19 restrictions, we may need to cancel this event, but for now we are limiting the size of the teams.

NAME (Please print clearly)	Age as of 7/1/21	Birthdate (Month/Day/Year)	Highest Test Passed (if any)	ISI#	USFS? (See note)
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>
10.					<input type="checkbox"/>
11.					<input type="checkbox"/>
12.					<input type="checkbox"/>
13.					<input type="checkbox"/>
14.					<input type="checkbox"/>
15.					<input type="checkbox"/>
16.					<input type="checkbox"/>
17.					<input type="checkbox"/>
18.					<input type="checkbox"/>
19.					<input type="checkbox"/>
20.					<input type="checkbox"/>

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 _____