

## 14<sup>th</sup> Annual Fall ISI In-House Championships Saturday, November 2<sup>nd</sup>, 2019



Skater's Last Name (Please Print)		First Name (Please Print)		ISI Member #
Email Address		Highest Test passed as of 10/12/2019		Private Coach
Phone		Sex M/F	Birth Date	Age (as of 10/12/19)
				Home Rink

<p><b>Tot 1 – Delta</b></p> <input type="checkbox"/> Tots 1 – 4 <input type="checkbox"/> Pre Alpha -Delta Program <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Interpretive <input type="checkbox"/> Shoot-the-Duck <p><b>Spotlight</b></p> <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <p>Indicate Level: <b>Tot 1-Delta</b></p>	<p><b>Freestyle 1 – 10</b></p> <input type="checkbox"/> Freestyle Program <input type="checkbox"/> Footwork <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Interpretive <input type="checkbox"/> Artistic <p><b>Spotlight</b></p> <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <p>Indicate Level: <b>FS 1-10</b></p>
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<p><b>Spotlight Couple and Family</b></p> <p>(Each Skater must turn in their own entry form and pay their own entry fees.)</p> <input type="checkbox"/> Tots – Delta (Low) <input type="checkbox"/> FS 6 – FS 7 (Gold) <input type="checkbox"/> FS 1 – FS 3 (Bronze) <input type="checkbox"/> FS 8 – FS 10 (Platinum) <input type="checkbox"/> FS 4 – FS 5 (Silver) <input type="checkbox"/> Family Spotlight <p><b>Choose :</b></p> <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment	
Partner's Name _____	
Age (As of 10/12/19) _____	
Phone # _____	
Sex M/F _____	
ISI Number _____	
Test Level _____	

<p><b>ISI Open Freestyle Events</b></p> <input type="checkbox"/> <b>Bronze</b> – FS 3 & below <input type="checkbox"/> <b>Gold Long</b> – FS 7 & below <input type="checkbox"/> <b>Silver</b> – FS 5 & below <input type="checkbox"/> <b>Platinum Short</b> – FS 10 & below <input type="checkbox"/> <b>Gold Short</b> – FS 7 & below <input type="checkbox"/> <b>Platinum Long</b> – FS 10 & below	
<p>Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Highest USFS Freestyle test passed (as of 10/12/2019): _____</p>	

<p><b>2 Person Jump &amp; Spin Team</b></p> <input type="checkbox"/> Tots – Delta (Low) <input type="checkbox"/> FS 6 – FS 7 (Gold) <input type="checkbox"/> FS 1 – FS 3 (Bronze) <input type="checkbox"/> FS 8 – FS 10 (Platinum) <input type="checkbox"/> FS 4 – FS 5 (Silver)	
Partner's Name _____	
Age (As of 10/12/19) _____	
Phone # _____	
Sex M/F _____	
ISI Number _____	
Test Level _____	

<p>ENTRY DEADLINE:</p> <p style="background-color: yellow;"><b>SATURDAY, OCTOBER 12, 2019</b></p>	
<p>1<sup>st</sup> Event      \$50.00= _____</p> <p>1<sup>st</sup> Event – Tot Levels      \$35.00= _____</p> <p>Solo Compulsories Only      \$35.00= _____</p> <p>Each Additional Event __x      \$25.00= _____</p> <p style="text-align: right;"><b>Total =</b> _____</p>	
<p>Late entries, if accepted will be charged a double fee. Returned Check fee: \$25.00 NO REFUNDS.</p> <p><b>Please make checks payable to: Las Vegas Ice Center</b></p> <p>Return completed forms to: the Las Vegas Ice Center Pro-Shop OR email with card payment info to: competitions@lasvegasice.com</p>	

I skate this competition at my own risk and hereby release ISI, LVIC, their personnel, and contractors from all liabilities. Upon entering this competition, I hereby agree that any Photographs or videos taken of me may be used by LVIC.

Skater's SIGNATURE (or parent if skater is under 18) \_\_\_\_\_

<p><b>Coach Information</b></p>	
Coach's Name: _____	
Coach's Phone #: _____	
Email: _____	
ISI #: _____ Judging Level: _____	
SIGNATURE: _____	

<p><b>Card Payment Option:</b></p> <p>Credit/Debit Card # _____</p> <p>CVV Code: _____ Zip: _____ Expiration Date: _____</p>	
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**OFFICE USE ONLY: Date Received:** \_\_\_\_\_