

SEND ENTRY FORMS TO:  
 ATT. Lauren Steen  
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## CIA 30th Annual ISI Competition

Individual Entry Form  
 CLEARWATER ICE ARENA  
 JUNE 24th-26th 2016  
 DEADLINE MAY 16th 2016

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ISI Member # \_\_\_\_\_ Gender: Female/Male Date of Birth: \_\_\_\_\_ Age on 6/24/16: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Home Rink: \_\_\_\_\_ Email: \_\_\_\_\_

Are you an active USFS member who has competed at or above the Novice level at any USFS National Championships within the last two years? Yes/No

### Individual Events

<u>Pre-Alpha-Delta</u> <input type="radio"/> Solo <input type="radio"/> Stroking <input type="radio"/> Compulsory _____ Indicate Level	<u>Freestyle 1-10</u> <input type="radio"/> Artistic <input type="radio"/> Compulsories <input type="radio"/> Footwork <input type="radio"/> Interpretive <input type="radio"/> Solo <input type="radio"/> Stroking ___ Low ___ High _____ Indicate Level	<u>Open Freestyle/ Open Short</u> <input type="radio"/> Bronze <input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Platinum <input type="radio"/> Gold Short <input type="radio"/> Platinum Short _____ Indicate Level	<u>Spotlights(Pre-Alpha-FS1-10)</u> <input type="radio"/> Character <input type="radio"/> Dramatic <input type="radio"/> Lt. Ent. <input type="radio"/> Rhythmic ___ Hoop ___ Ball ___ Ribbon _____ Indicate Level
<u>Tots 1-4 &amp; Special Skater</u> <input type="radio"/> Solo <input type="radio"/> Spotlights ___ Character ___ Dramatic ___ Lt. Ent. _____ Indicate Level			

### Partner Events

<u>Events</u>	<u>Partner Name/s:</u>	<u>ISI #/Age</u>
<input type="radio"/> Couples 1-10 Level _____		
<input type="radio"/> Couples Spotlight ___ Character ___ Dramatic ___ Lt. Entertainment Level _____		
<input type="radio"/> Jump and Spin Level _____		
<input type="radio"/> Family Spotlight		
<input type="radio"/> Pairs 1-10 Level _____		
<input type="radio"/> Open Pairs(Bz/Slv/Gld/Plt) Level _____		

Registration Fees are non-refundable. CLEARWATER ICE ARENA reserves the right to limit the number of entries without notice. I skate at this competition at my own risk & hereby release the host rink & their personnel from all liability. I declare that the home rink listed above is the true rink that I wish to represent.

**Skaters Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I declare that the above information is true, that this skaters test(s) is/ are registered, that the skater is a current individual member of ISI, and is skating in the proper categories and levels, and that the home rink listed above is correct.

**Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Coaches Email:** \_\_\_\_\_

**ISI Level Judge:** \_\_\_\_\_

#### Registration Fees

First Event	\$60	\$ _____	Credit Card: _____
Additional Event	\$10 x _____	\$ _____	CardHolder Name (PRINT): _____
Family Event	\$85	\$ _____	Signature: _____

(Covers all family members 1st entry, each additional entry \$10 per skater)

\*\*Late Fees: \$15 \_\_\_\_\_ or \$60 \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Type: VISA MC DISCOVER

Make Checks payable to Clearwater Ice Arena

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_ \*Late Entries(if accepted) will incur a late fee. \*\*1-7 days late: \$15; 8-13 days late: \$60.