

Send Entry Forms To:

lsteen@clearwatericearena.com

Fax: 727-530-3790

PO Box 17819

Clearwater, FL 33762

ATTN Lauren Steen

ENTRY DEADLINE: May 16, 2016

**CIA 30th Annual ISI
Competition**

Dance Entry

June 24-26, 2016

Last Name _____ First Name _____ ISI Member # _____ Female ___ Male ___

Address _____ Birthday _____ Age on June 24, 2016 _____

City _____ State _____ Zip Code _____ Phone _____

Home Rink Name _____ E-mail _____ ISI Dance Test Level _____

Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship with the last two years? ___ Yes ___ No

DANCE EVENT ENTRIES

Choose Dances Below:

Please indicate all the Dance Events you wish to enter: ___ Solo Dance ___ Similar Dance ___ Mixed Dance ___ Pro Partner ___ Free Dance

Similar Partner: _____ ISI # _____ Pro Partner: _____ ISI # _____

Mixed Partner: _____ ISI # _____ Free Dance Partner: _____ ISI # _____

DANCE 1

DANCE 2

DANCE 3

DANCE 4

DANCE 5

Chasse Sequence

Solo Sim Mix Pro

Swing Rolls

Solo Sim Mix Pro

Canasta Tango

Solo Sim Mix Pro

Swing Dance

Solo Sim Mix Pro

Willow Waltz

Solo Sim Mix Pro

Progressive Seq.

Solo Sim Mix Pro

Dutch Waltz

Solo Sim Mix Pro

Rhythm Blues

Solo Sim Mix Pro

Cha Cha

Solo Sim Mix Pro

Hickory Hoedown

Solo Sim Mix Pro

Fiesta Tango

Solo Sim Mix Pro

Ten Fox

Solo Sim Mix Pro

DANCE 6

DANCE 7

DANCE 8

DANCE 9

DANCE 10

Fourteen

Solo Sim Mix Pro

Tango

Solo Sim Mix Pro

Blues

Solo Sim Mix Pro

Paso Doble

Solo Sim Mix Pro

Westminster Waltz

Solo Sim Mix Pro

European Waltz

Solo Sim Mix Pro

Rocker

Solo Sim Mix Pro

Kilian

Solo Sim Mix Pro

Quickstep

Solo Sim Mix Pro

Argentine Tango

Solo Sim Mix Pro

Foxtrot

Solo Sim Mix Pro

American Waltz

Solo Sim Mix Pro

Starlight

Solo Sim Mix Pro

Viennese Waltz

Solo Sim Mix Pro

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 and hereby release the host rink and their personnel from all liability. I declare that the home rink listed above is the true rink that I wish to represent.

Skater's signature _____ Date _____

Parents Signature _____ Date _____

I declare that the information above is true, that this skater's test 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 is listed above is correct.

Coach Signature _____ Date _____

Coach's E-mail _____ ISI Level Judge _____

Registration Fee

First Event \$60 \$ _____

Additional Event \$10 x _____ \$ _____

Family Entry \$85 \$ _____

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

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

TOTAL AMOUNT ENCLOSED: \$ _____

Make checks Payable to: **CLEARWATER ICE ARENA**

***Late Entries (if accepted) will incur a late fee.**

****1-7 days late: \$15; 8-13 days late: \$60.**

Credit Card # _____ Exp. Date _____

Cardholder name (print) _____

Signature _____

Credit Card Type: VISA MC Discover