SEND ENTRY FORMS TO:
ATT. Jamie Belden
competition@clearwatericearena.com
Fax: 727-530-3790

13940 Icot Blvd. Clearwater, FL 33760

Deadline: May 9, 2014

Individual Entry

June 20-22, 2014

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

Address _____ Age on June 20, 2014 ____

City _____ State ___ Zip Code _____ Phone _____ Birthday _____

Home Rink : _____ E-mail (Required) _____ USFS 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

INDIVIDUAL EVENTS

Pre-Alpha – Delta

- ☐ Solo
- ☐ Stroking
- ☐ Compulsory

☐ Indicate Level

Freestyle (1-10)

- ☐ Solo
- ☐ Stroking
  - __Low
  - __High
- ☐ Footwork
- ☐ Compulsory
- ☐ Artistic
- ☐ Interpretive

☐ Indicate Level

OPEN FREESTYLE EVENT

☐ Bronze FS 1-3 Silver FS 4-5
Gold FS 5-6 Platinum FS 7-10

Indicate Level

Tots 1-4 & Special Skater

- ☐ Solo
- ☐ Spotlights
  - __Character
  - __Dramatic
  - __Lt. Entertainment

☐ Indicate Level

Spotlights (Pre-Alpha-FS 10)

- ☐ Character
- ☐ Dramatic
- ☐ Lt. Entertainment
- ☐ Rhythmic
  - —Hoop
  - __Ball
  - __Ribbon

(Can do more than 1 Spotlight Event with different programs)

☐ Indicate Level

PARTNER EVENTS

	Partner Name	Partner ISI #	Age
☐ Couple Level_____	_____	_____	_____
☐ Couple Spotlight Level_____ __ Char __ Dram __ Lt Ent	_____	_____	_____
☐ Jump & Spin Team Level_____	_____	_____	_____
☐ Family Spotlight	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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.

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	$55	$_____
Additional Event	$10 x_____	$_____
Family Event	$80	$_____

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

TOTAL AMOUNT ENCLOSED: $_____

Make checks Clearwater Ice Arena

Late Entries (if accepted):Entry fee will be doubled after entry form deadline, May 9, 2014. Any changes to this original entry form will result in a change fee of $25 per change/skater.

Credit Card#:_____

Cardholder Name(please print):_____

Signature:_____

Credit Card Type: VISA MC Discover