SEND ENTRY FORMS TO:
ATT. Jamie Belden
competition@clearwatericearena.com
Fax: 727-530-3790
13940 Icot Blvd. Clearwater, FL 33760

Individual Entry Form
CLEARWATER ICE ARENA
JUNE 12th-14th 2015
DEADLINE MAY 8th 2015

Last Name:_____ First Name: _____
ISI Member #_____ Gender: Female/Male Date of Birth: _____ Age on 6/12/15:_____
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

Pre-Alpha-Delta	Freestyle 1-10	Open Freestyle/ Open Short	Spotlights(Pre-Alpha-FS1-10)
○ Solo ○ Stroking ○ Compulsory _____ Indicate Level	○ Artistic ○ Compulsories ○ Footwork ○ Interpretive ○ Solo ○ Stroking __Low __High _____ Indicate Level	○ Bronze ○ Silver ○ Gold ○ Platinum ○ Gold Short ○ Platinum Short _____ Indicate Level	○ Character ○ Dramatic ○ Lt. Ent. ○ Rhythmic __Hoop __Ball __Ribbon _____ Indicate Level
Tots 1-4 & Special Skater ○ Solo ○ Spotlights __Character __Dramatic __Lt. Ent. _____ Indicate Level			

Partner Events

Events	Partner Name/s:	ISI #/Age
○ Couples 1-10 Level_____		
○ Couples Spotlight __Character __Dramatic __Lt. Entertainment Level_____		
○ Jump and Spin Level_____		
○ Family Spotlight		
○ Pairs 1-10 Level_____		
○ 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 $55 $_____
Additional Event $10 x_____ $_____
Family Event $80 $_____
(Covers all family members 1st entry, each additional entry $10 per skater)
**Late Fees: $15_____ or $55_____ $_____
TOTAL AMOUNT ENCLOSED: $_____

Credit Card: _____
CardHolder Name (PRINT):_____
Signature: _____
Credit Card Type: VISA MC DISCOVER
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: $55.