

**SEND ENTRY FORMS TO:**competition@clearwatericearena.com

Fax: 727-530-3790

13940 Icot Blvd
Clearwater, FL 33760

Attn: Jamie Belden

ENTRY DEADLINE: MAY 8, 2015**Team Entry June 12-14, 2015**

Name of Team _____ Home Rink/Club _____

Coach Name _____ Coach Professional ISI # _____ Coach Certification Level _____

Coach Phone # (Required) _____ ISI Team Registration # (Synchronized teams only) _____

Team Events

- ☐ Synchronized Formation Compulsories
- ☐ Synchronized Skating Compulsories
- ☐ Synchronized Formation Team
- ☐ Synchronized Adv Formation Team
- ☐ Synchronized Skating Team
- ☐ Synchronized Dance
- ☐ Synchronized Skating Open
- ☐ Theater Production Team
- ☐ Pattern Team
- ☐ Production Team
- ☐ Ensemble
- ☐ Kaleidoskate Team
- ☐ Family Spotlight

Coach E-mail (Required) _____

Age Category (Choose One)

- ☐ Tot
- ☐ Jr. Youth
- ☐ Youth
- ☐ Sr. Youth
- ☐ Teen
- ☐ Adult

****Check the USFS box for any team member who has competed at or above the Novice level at any USFS National Championship within the last two years.****(List Partners/Skaters Below)**

Name	USFS	Age on 7/1/14	ISI #	Name	USFS	Age on 7/1/14	ISI #
1)				13)			
2)				14)			
3)				15)			
4)				16)			
5)				17)			
6)				18)			
7)				19)			
8)				20)			
9)				21)			
10)				22)			
11)				23)			
12)				24)			

Be sure to sign here!

There will be NO REFUNDS. Memberships must be current through event.
Expired memberships renewals must accompany this entry application.

Upon entering this competition, we hereby agree that any photographs or video taken of our team by ISI or authorized party may be used exclusively for any purpose by the ISI or any other us authorized by ISI.

I declare that the information above is true and that all skaters have current individual memberships with ISI. I have notified all team members that they skate at their own risk, and hereby release ISI, the host facility from all liability.

Coach's Signature _____ Date _____

Registration Fees**\$15.00 per person per event Team entry fee**

Team event entry \$15 x _____ = \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

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

Credit Card # _____ Exp. Date _____

Cardholder name (print) _____

Signature _____

Credit Card Type: VISA MC Discover

LATE ENTRIES, IF ACCEPTED, WILL BE DOUBLED. ENTRY DEADLINE MAY 8, 2015.
ANY CHANGES TO THIS ORIGINAL ENTRY FORM WILL RESULT IN A CHANGE FEE OF \$25 PER CHANGE/PER SKATER.