

Please Print Above Line:

Family Name	First Name	ISI/ISIA Asia Membership#	Expiration Date
			Male / Female
Home Rink	Birthdate (Year / Month / Day)	Age (as of 15 Sep, 2018)	Gender
Tested Level	City	Country	Phone no. E-mail Address

PLEASE CHECK CORRECT BOX:

Tot 1 - 4

- Solo Program
- Pre-Alpha - Delta**
- Solo Program
- Stroking (AL - DL only)
- Solo Comp.
- Solo Spotlight**
- Character
- Dramatic
- Light Entertainment

Freestyle 1 - 10

- Solo
- Artistic
- Solo Compulsories
- Rhythmic** **Spotlight**
- Ball Character
- Hoop Dramatic
- Ribbon Lt. Ent.

Open Freestyle

- Bronze Silver Gold Platinum
- Gold Short Platinum Short

Hockey

- Skating Shooting Goalie

Others

- Speedracing (group by age)
- Surprise

		PARTNER NAME	ISI#	AGE
<p align="center"><u>COUPLE SPOTLIGHT</u></p> <p><input type="checkbox"/> LOW <input type="checkbox"/> Bronze</p> <p><input type="checkbox"/> Silver <input type="checkbox"/> Gold</p> <p><input type="checkbox"/> Platinum</p>	<p><input type="checkbox"/> Char.</p> <p><input type="checkbox"/> Drama.</p> <p><input type="checkbox"/> Lt. Ent.</p>			
<p>JUMP & SPIN TEAM</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum</p>				

Fill out form carefully and completely – including signatures below. There will be NO REFUNDS.

We reserve the right to limit the number of entries without notice.
I skate at this competition at my own risk and hereby release ISI-USA, ISIA Asia, the rink owners, rink management, rink staff, and event organizers from all liability for any accident or injury. I declare that the home rink listed above is the rink where I wish to represent. Upon entering this competition, I hereby agree that any photographs or videos taken of me, by the event organizers or any authorized party, maybe used exclusively for any purpose by the event organizer or any other use authorized party.

Note: Member must be current through event. All tests and memberships must be registered with the ISIA Asia office in Hong Kong or ISI-USA by 6th August, 2018.

FEES & PAYMENT: Entries and full payment must be received in Le Cool Ice Rink Beijing **BY 6th August, 2018.**

DOUBLE FEES APPLY AFTER THAT DATE

1st Event

Rmb 360 x 1 = Rmb 360

2nd & 3rd Events

Rmb 180 x = Rmb

Additional Events

Rmb 90 x = Rmb

Ice Castle Pool Side Celebrations

Parents Rmb 300 Skaters Rmb 250

TOTAL PAYMENT = Rmb

Skater / Parent / Guardian Signature _____ Date _____

I declare that the information above is true, that this skater's test(s) are registered with ISI-USA or ISIA Asia, that the skater is a current Individual or Professional Member of ISI-USA or ISIA Asia, that that skater is skating in the proper level and categories, and that the home rink is correct.

Coach Signature _____ Coach Name _____ Date _____