

Coach Signature

Coach Name

Ice Castle International ISIAsia (SZ) Skating Open TEAM ENTRY FORM 15th - 16th September, 2018



Please Print Above Line	:				
Group Name / Performa	nce Name	Home Rink			
Coach Name		Coach E-mail Address			
City	Country				
_	m (3-7 skaters)		ENTRY - must complete n Production (8 skaters		gnature
Name	Age as of 15 Sep, 2018	ISI#	Name	Age as of 15 Sep, 2018	ISI#
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		
There will be NO REFUNDS I declare that the informat Individual or Professional m members that they skater a ISIAsia, ISI-USA, the rink liability for any accident or taken of our team by the exclusively for any purpose	ion above is true and thembership in ISIAsia or at their own risk at this cowner, management strinjury. I hereby agree the event organizers or a	that all skaters have a ISI-USA. I have notified ompetition, and hereby aff, &event organizers hat any photographs of uthorized parties may	Entries must diall team y release from all or videos be used	YMENT: t be received by 6 th A FEES APPLY AFTE outries USD \$27 pe	R THAT DATE

Date