

INDIVIDUAL ENTRY FORM
SKATE BANGKOK 2018
December 13th - 16th 2018



SKATER INFORMATION (Please fill-out the form CAREFULLY and COMPLETELY)

Name _____ Age _____ Gender M F
 (To Be Printed on the Competition Program Book) (As of Dec 8, 2016) (Please Check the Box)

Rink _____ Country _____

Birth date _____ e-Mail _____ Coach _____

ISI Membership # _____ Exp _____

INDIVIDUAL EVENTS (Highest test levels must be registered with the ISIAAsia by 13 Nov 2018)

Highest ISI Test Level: _____ (Tot 1-4 / Pre-Alpha - Delta / FS 1-10 or Bronze-Platinum)	Solo Spotlight (All Levels) <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment Rhythmic (FS 1-10 / Bronze - Platinum) <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon Open Freestyle Event (Choose Only 1) <input type="checkbox"/> Bronze (FS 1-3) <input type="checkbox"/> Silver (FS 4-5) <input type="checkbox"/> Gold (FS 6-7) <input type="checkbox"/> Platinum (FS 8-10) <input type="checkbox"/> Short Gold (FS 6-7) <input type="checkbox"/> Short Platinum (FS 8-10) Hockey <input type="checkbox"/> Skating <input type="checkbox"/> Shooting <input type="checkbox"/> Goalie	Solo Dance (1-10) <input type="checkbox"/> Level _____ Figures (1-10) _____ (Level) <input type="checkbox"/> Figures <input type="checkbox"/> Free Figures <input type="checkbox"/> Creative Figures PLEASE NOTE: •Rhythmic : Can do more than 1 event with different program. •Any change to this original Entry Form will result in a change fee of <u>US\$25 PER CHANGE / PER SKATER.</u> •ENTRY DEADLINE: Tuesday, Nov 13, 2018 DOUBLE FEES APPLY AFTER THAT DATE
<input type="checkbox"/> Solo Program (PA-DL, FS 1-10) <input type="checkbox"/> Stroking (AL-DL ONLY) <input type="checkbox"/> Artistic (FS1-10 / Bronze - Platinum) <input type="checkbox"/> Footwork (FS 1-10) <input type="checkbox"/> Solo Compulsories (All Level) <input type="checkbox"/> Interpretive (FS1-10/ Bronze - Platinum) <input type="checkbox"/> Solo Surprise (All Levels) <input type="checkbox"/> Speed Racing (All Ages)		

PARTNER EVENTS

	Low (PA-DL)	Bronze (FS 1-3/Bronze)	Silver (FS 4-5 /Silver)	Gold (FS 6-7 /Gold)	Platinum ^{New!} (FS 8-10/Platinum)	Partner Name	ISI Membership #
Jump & Spin Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Couple Spotlight (Choose One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment						
Couple 1- 10	Level _____		<input type="checkbox"/> SIM	<input type="checkbox"/> MIX			
Dance 1- 10	Level _____		<input type="checkbox"/> SIM	<input type="checkbox"/> MIX			
Free Dance 1- 10	Level _____		<input type="checkbox"/> SIM	<input type="checkbox"/> MIX			
Pair 1- 10	Level _____						

FEES & PAYMENT (All amounts are US Dollars)

First Event : 1 x USD\$ 65 = USD\$ 55
 Additional Events : _____ x USD\$ 45 = USD\$ _____
TOTAL PAYMENT = USD \$ _____

There will be NO REFUNDS. ISI reserves the right to limit the number of entries without notice. I skate at this competition at my own risk and hereby release ISIAAsia, ISI-USA, 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 skate.**

Promotion! Unlimited Event Only 250 USD\$: Total _____ Events

Skater Signature _____ Parent Signature (if applicable) _____ Date _____

NOTE: Membership must be current through event. All tests and memberships must be registered with the ISIAAsia office in Hong Kong or ISI (U.S.) **by November 13, 2018.**

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

OFFICE USE ONLY

Payment Type: _____ Amount: _____
 Date Received: _____ Initials: _____ Coach Signature _____ Date _____