

# TEAM ENTRY FORM

## SKATE JAKARTA 2019

MARCH 15-17, 2019

SEND ENTRY AND FEE TO :  
 Skyrink Jakarta  
 Level 3 Mal Taman Anggrek  
 Jl. Letjen S. Parman Kav 21  
 Jakarta, Indonesia 11470  
 Tel 6221-5642888



**TEAM INFORMATION (Please fill out form CAREFULLY and COMPLETELY) - USE ONE TEAM ENTRY FORM PER ENTRY / PER TEAM**

Name of Group/ Name for Program Book	Coach Name
Rink Name	Coach Email Address
City	Country

**TEAM EVENTS**

	Age Category	Majority		
<input type="checkbox"/> Synchronized Formation Compulsories	Tot	6	<input type="checkbox"/> Production Team	<input type="checkbox"/> Family Spotlight
<input type="checkbox"/> Synchronized Formation Team	Junior Youth	8	<input type="checkbox"/> Pattern Team	<input type="checkbox"/> Team Surprise
<input type="checkbox"/> Synchronized Skating Compulsories	Youth	9-11	<input type="checkbox"/> Kaleidoskate Team	___ Low - PA - Delta
<input type="checkbox"/> Synchronized Skating Team	Senior Youth	12-14	<input type="checkbox"/> Team Compulsories: ___ level	___ Medium FS1-3
<input type="checkbox"/> Synchronized Dance	Teen	14-19	<input type="checkbox"/> FS Synchro Team: ___ level	___ Int FS 4-5
<input type="checkbox"/> Ensemble	Adult	20	(indicate Freestyle 1-10)	___ High FS 6-10

**TEAM MEMBERS (Please clearly print information Below or Attach Team Roster with Required Information)**

NAME	AGE	ISI #	NAME	AGE	ISI#
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			32		

**There will be NO REFUNDS.**  
**All memberships must be current through event.**

I declare that the information above is true and that all skaters have a current individual Membership ISIAAsia or ISI. I have informed all team members that they skate at their own risk at this competition, and hereby release ISIAAsia, ISI, the rink owner, management, staff, & organizers from all liability for any accident or injury

Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

**FEES & PAYMENT**

Entries must be received by Skyrink before February 10, 2019

**DOUBLE FEES APPLY AFTER THAT DATE**

Team Event : \_\_\_\_\_ x Rp 250.000 per skater

Team Surprise /skater : \_\_\_\_\_ x Rp 150.000 per skater

Total Payment = Rp. \_\_\_\_\_

OFFICIAL USE ONLY	PAYMENT	AMOUNT	DATE RECEIVED:
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