

INDIVIDUAL ENTRY FORM
SKATE SELANGOR 2019
SEPTEMBER 6th-8th, 2019



SKATER INFORMATION (Please fill-out the form CAREFULLY and COMPLETELY) REV.01

Name _____ Age _____ Gender M F
 (to be printed on the Competition Program Book) (as of Sept 6th, 2019) (please check the box)

Rink _____

Birth Date (day/month/year) _____ Coach _____

ISI Membership # _____

INDIVIDUAL EVENTS (Highest test level must be registered with the ISIAAsia by July 15th, 2019)

Highest ISI Test Level: _____ (Tot 1-4 / Pre-Alpha - Delta / FS 1-10 or Bronze-Platinum)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center; vertical-align: middle;">M U S I C A L</td> <td style="padding: 5px;"> Solo Spotlight (All Levels) <input type="checkbox"/> Char <input type="checkbox"/> Drama <input type="checkbox"/> L.E. Rhythmic (FS 1-10) <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon </td> </tr> <tr> <td style="width:15%; text-align: center; vertical-align: middle;">M U S I C A L</td> <td style="padding: 5px;"> <input type="checkbox"/> Stroking (AL-DL ONLY) <input type="checkbox"/> Solo Compulsories (All Levels) <input type="checkbox"/> Solo Surprise (All Levels) <input type="checkbox"/> Speed Racing (All Levels) Figures (1-10) _____ (Level) <input type="checkbox"/> Figures <input type="checkbox"/> Free <input type="checkbox"/> Creative </td> </tr> </table>	M U S I C A L	Solo Spotlight (All Levels) <input type="checkbox"/> Char <input type="checkbox"/> Drama <input type="checkbox"/> L.E. Rhythmic (FS 1-10) <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon	M U S I C A L	<input type="checkbox"/> Stroking (AL-DL ONLY) <input type="checkbox"/> Solo Compulsories (All Levels) <input type="checkbox"/> Solo Surprise (All Levels) <input type="checkbox"/> Speed Racing (All Levels) Figures (1-10) _____ (Level) <input type="checkbox"/> Figures <input type="checkbox"/> Free <input type="checkbox"/> Creative	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center; vertical-align: middle;">D I A N C E</td> <td style="padding: 5px;"> Solo Dance (1-10) <input type="checkbox"/> Level _____ </td> </tr> </table> <p>PLEASE NOTE:</p> <ul style="list-style-type: none"> Rhythmic: Can do more than 1 event with different program. Any change to this original Entry Form will result in a change fee of US\$25 PER CHANGE / PER SKATER. ENTRY DEADLINE: JULY 15th, 2019 DOUBLE FEES APPLY AFTER THAT DATE 	D I A N C E	Solo Dance (1-10) <input type="checkbox"/> Level _____
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D I A N C E	Solo Dance (1-10) <input type="checkbox"/> Level _____							

PARTNER EVENTS

		LOW (PA-DL)	BRONZE (FS 1-3)	SILVER (FS 4-5)	GOLD (FS 6-7)	PLATINUM (FS8-10)	PARTNER NAME	ISI MEMBERSHIP #	PARTNER AGE
NON MUSICAL	Jump & Spin Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MUSICAL	Couple Spotlight	<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 USD)

First Event : 1 x \$60 = \$ _____
 2nd Event : 1 x \$45 = \$ _____
 Add. Events : ____ x \$20 = \$ _____

TOTAL PAYMENT= \$ _____

There will be NO REFUNDS. MYNISS 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.

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 **SEPTEMBER 6th, 2019.**

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