Send Entry Form & Fees to:

MALAYSIA ICE SKATING STADIUM (MYNISS) LG2 Menara H, Jalan Damansara, Empire City PJUB 47820, Petaling Jaya - Selangor

Phone: 012-2284967

E-mail: bryanvoo1010@gmail.com

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





					2019					
TEAI	M INFORMATIO	N (Please fill-out the f	orm CAI	REFULLY and COMPLETE	<u>LY</u>) – USI	E ONE TEAM EN	TRY FORM PER ENTRY / P	ER TEAM	1 REV.03	
Team Name (to be printed on the Competition Program Book, Rink Coach				Coach Email						
TEAI	M EVENTS									
SYNCHRONIZED TEAM EVENTS (The skaters' age cut-off date for all SYNCHRONIZED ev Synchronized Formation Compulsories Synchronized Skating Compulsories Synchronized Formation Team Synchronized Skating Team Synchronized Dance SYNCHRONIZED TEAM SURPRISE Low (PA-DL)			es	Age Category Tot (Majority 6 YO) Junior Youth (Majority 8 YO) Youth (Majority 9-11 YO) Senior Youth (Majority 12-14 YO) Teen (Majority 14-19 YO) Adult (Majority 20 YO)			□ Family Spotlight □ Production Team □ Ensemble □ Pattern Team □ Kaleidoskate □ Team Compulsories Level □ Freestyle Synchro Level Note: Membership must be current through event. All test and memberships must be registered with the ISIAsia office in Hong Kong or ISI (U.S.) by JULY 15 th , 2019			
TEAI	M MEMBERS (PL	EASE CLEARLY PRINT I	NFORM	ATION BELOW OR ATTA	CH TEAN	1 ROSTER WITH	REQUIRED INFORMATION	I)		
No	Skaters' Name		Age	ISI#	No	Skater's Nam	ne	Age	ISI#	
1					15					
2					16					
3					17					

1		15		
2		16		
3		17		

18

19

6 20 7 21

8

23 10 24 25 11 12 26

13 27 14 28 There will be NO REFUNDS. I declare that the information above is true and that all **FEES & PAYMENT (All amounts are US Dollars)** skaters have a current Individual or Professional Membership in ISIAsia or ISI-USA. I have

Team Event (/skater) : ____ x \$20

= \$_ **TOTAL PAYMENT**

notified all team members that they skate at their own risk at this competition, and hereby release ISIAsia, ISI-USA, the rink owner, management, staff, & event organizers from all liability for any accident or injury. I hereby AGREE that any photography or videos taken of our team by the event organizers or authorized parties may be used exclusively for any purpose by the aforesaid parties.

OFFICE USE ONLY

Payment Type: Date Received:

Amount: Initials:

Coach Signature

Date