

**Send Entry Form & Fees to:**

Ice Arena Co., Ltd.

20/97 Moo2 Tambon Kohkaew Amphur MOUNG Boat Lagoon  
Phuket 83000

Email : icearenaphuket2@gmail.com

**TEAM ENTRY FORM****1<sup>st</sup> Skate Phuket 2020**  
**November 14<sup>th</sup> – 15<sup>th</sup>****TEAM INFORMATION** (Please fill-out the form CAREFULLY and COMPLETELY) - USE ONE TEAM ENTRY FORM PER ENTRY / PER TEAM

Team Name \_\_\_\_\_

(To Be Printed on the Competition Program Book)

Rink \_\_\_\_\_ Country \_\_\_\_\_

Coach \_\_\_\_\_ Coach e-Mail \_\_\_\_\_

**TEAM EVENTS****SYNCHRONIZED TEAM EVENTS**

(The skaters' age cut-off date for all SYNCHRONIZED events are Nov 14, 2020)

- |  |   |
|--|---|
| <input type="checkbox"/> Synchronized Formation Compulsories | <b>Age Category</b>                                       |
| <input type="checkbox"/> Synchronized Skating Compulsories   | <input type="checkbox"/> Tot (Majority 6 YO)              |
| <input type="checkbox"/> Synchronized Formation Compulsories | <input type="checkbox"/> Junior Youth (Majority 8 YO)     |
| <input type="checkbox"/> Synchronized Skating Team           | <input type="checkbox"/> Youth (Majority 9-11 YO)         |
| <input type="checkbox"/> Synchronized Dance                  | <input type="checkbox"/> Senior Youth (Majority 12-14 YO) |
|  | <input type="checkbox"/> Teen (Majority 14-19 YO)         |
|  | <input type="checkbox"/> Adult (Majority 20 YO)           |

**TEAM SURPRISE**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Low (PA-DL)  | <input type="checkbox"/> Int (FS 4-5)   |
| <input type="checkbox"/> Med (FS 1-3) | <input type="checkbox"/> High (FS 6-10) |

- |  |
|--|
| <input type="checkbox"/> Family Spotlight              |
| <input type="checkbox"/> Production Team               |
| <input type="checkbox"/> Ensemble                      |
| <input type="checkbox"/> Pattern Team                  |
| <input type="checkbox"/> Kaleidoskate                  |
| <input type="checkbox"/> Team Compulsories _____ LEVEL |
| <input type="checkbox"/> Freestyle Synchro _____ LEVEL |

**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.) **Tuesday Oct 13, 2020.****TEAM MEMBERS** (PLEASE CLEARLY PRINT INFORMATION BELOW OR ATTACH TEAM ROSTER WITH REQUIRED INFORMATION)

No	Skaters' Name	Age	ISI #	No	Skaters' Name	Age	ISI #
1				15			
2				16			
3				17			
4				18			
5				19			
6				20			
7				21			
8				22			
9				23			
10				24			
11				25			
12				26			
13				27			
14				28			

**FEES & PAYMENT** (All amounts are US Dollars)

Team Event : \_\_\_\_\_ x USD\$ 45 = USD\$ \_\_\_\_\_  
(Per skater)

**TOTAL PAYMENT = USD \$ \_\_\_\_\_**

**There will be NO REFUNDS.** I declare that the information above is true and that all skaters have a current Individual or Professional Membership in ISIAAsia or ISI-USA. I have notified all team members that they skate at their own risk at this competition, and hereby release ISIAAsia, ISI-USA, the rink owner, management, staff, & event organizers from all liability for any accident or injury. I hereby **AGREE** that any photograph 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: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

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

Date \_\_\_\_\_