

Send Entry Form & Fees to:

Chiangmai Ice Arena Co.,Ltd.

99,99/1,99/2 Central Festival Chiangmai Shopping Center, Room
No. 332, F13, Village No.4, Faham Sub-District, Mueang Changmai
District, Chiangmai 50000

Email : ciacnx@gmail.com

TEAM ENTRY FORM**Skate Chiangmai 2021****June 19th – 20th****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 Apr 1, 2021)

- | | |
|--|---|
| <input type="checkbox"/> Synchronized Formation Compulsories | Age Category |
| <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.) **Wednesday May 19, 2021.**

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 Thai Baht)

Team Event : _____ x THB 1,400 = THB _____
(Per skater)

TOTAL PAYMENT = THB _____

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 _____