



ISI Skate Beijing 2024

29th-31st March, 2024

Team Entry Form

TEAM INFORMATION (Please fill-out the form CAREFULLY and COMPETELY) – USE SEPARATE FORM PER TEAM PER EVENT ENTRY

Team Name _____

(To Be Printed on the Competition Program Book)

Rink _____ Country / City _____

Coach _____ Professional Membership # _____ Exp _____

TEAM EVENT

Synchronized Team Event

- Synchronized Formation Compulsories
- Synchronized Skating Compulsories
- Synchronized Formation
- Synchronized Advanced Formation
- Synchronized Dance
- Team Compulsories Level _____
- Freestyle Synchro Level _____

- Family Spotlight
- Ensemble
- Production Team
- Pattern Team
- Kaleidoskate
- Team Surprise
- Low Int
- Med High

PLEASE NOTE: Any change to this original Entry Form will result in a change fee of US\$25 per Change per Skater

Entry Deadline: Feb 26, 2024. DOUBLE FEES APPLY AFTER THIS DATE IF ACCEPTED.

TEAM AGE CATEGORY

- Tot (Majority 6 years old or younger)
- Junior Youth (Majority 7-8 years old)
- Youth (Majority 9-11 years old)
- Senior Youth (Majority 12-14 years old)
- Teen (Majority 15-19 years old)
- Adult (Majority 20-39 years old)
- Master (Majority 40 years or older)
- Collegiate

PLEASE NOTE: Skater's age to be determined as of Mar 29, 2024

TEAM MEMBERS (PLEASE CLEARLY PRINT INFORMATION BELOW OR ATTACH TEAM ROSTER WITH REQUIRED INFORMATION)

	Skaters' Name	Passport No.	Age	Gender
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

There will be NO REFUNDS. I declare that the information above is true and that all skater have a current Individual or Professional Member of 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.

FEES & PAYMENT (All Amounts in US Dollars)

Team Event : _____ x USD\$ 30 = USD\$ _____

TOTAL AMOUNT : _____ = USD\$ _____

OFFICE USE ONLY

Payment Type: _____ Amount: _____

Date Received: _____ Initials: _____

Coach Signature _____ Date _____