



FS INDIVIDUAL ENTRY FORM

Deadline : April 06, 2024

SKATERS INFORMATION

Full Name _____ **Age** _____ **Gender** M F
 (as of April 06, 2024)
Rink _____ **Birthdate** (month/day/year) _____
Mobile No. _____ **Coach** _____
Email address _____ **ISI Membership No.** _____
ISI Test Level _____

INDIVIDUAL EVENT

Pre-Alpha - Delta	Freestyle 1-10	Figures 1-10	ISI Open Freestyle
<input type="checkbox"/> Solo Program <input type="checkbox"/> Stroking	<input type="checkbox"/> Solo Program <input type="checkbox"/> Rhythmic <input type="checkbox"/> Artistic <input type="checkbox"/> Ribbon <input type="checkbox"/> Footwork <input type="checkbox"/> Hoop <input type="checkbox"/> Interpretative <input type="checkbox"/> Ball	_____ Write your level (1-10) <input type="checkbox"/> Figures <input type="checkbox"/> Free Figures <input type="checkbox"/> Creative Figures	<input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum
<input type="checkbox"/> Solo Compulsaries <input type="checkbox"/> Surprise <input type="checkbox"/> Light Entertainment Spotlight	<input type="checkbox"/> Dramatic Spotlight <input type="checkbox"/> Character Spotlight	Solo Dance 1-10 _____ Write your level (1-10)	

PARTNER EVENTS

	Low <i>Alpha-Delta</i>	Medium <i>FS 1-3</i>	Intermediate <i>FS 4-6</i>	High <i>FS 7-10</i>	Partner Name	Age
Jump and Spin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Couple Spotlight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	<i>O Character</i>	<i>O Dramatic</i>	<i>O Light Entertainment</i>			
Couple 1-10	Level _____	<input type="radio"/> SIM	<input type="radio"/> MIX			
Dance 1-10	Level _____	<input type="radio"/> SIM	<input type="radio"/> MIX			
Free Dance 1-10	Level _____	<input type="radio"/> SIM	<input type="radio"/> MIX			
Pair 1-10	Level _____	<input type="radio"/> SIM	<input type="radio"/> MIX			

REGISTRATION FEES

First Event : Php 4,000.00 x 1 = Php 4,000.00
 Succeeding Event(s) : Php 3,500.00 x _____ = Php _____
TOTAL PAYMENT : **Php** _____

There will be NO REFUNDS. The organizer reserves the right to limit the number of entries without notice. I skate at this competition at my own risk and hereby release 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.

Skater / Parent Signature


Date

I declare that the information above is true and correct, that this skater's test(s) are registered with ISI Asia or ISI, that the skater is a current individual or Professional Member of ISI Asia, that this skater is skating in the proper levels and categories, and that the home rink is correct.

Registered Coach (Print Name & Signature)

Date

May 10 & 11, 2024

 Skate Philippines

SM Seaside Cebu Ice Skating Rink