

Send Entry Form & Fees to:

BX Rink
 Bintaro Xchange Mall, Lt.UG/3A
 CBD Boulevard Bintaro Jaya Sektor VII
 Tangerang Selatan, Indonesia – 15227
 Telp: (+6221) 2986-4888
 E-mail: Wiwin_salim@yahoo.com

TEAM ENTRY FORM
FIGURE SKATING
INDONESIA ICE SKATING OPEN (IISO) 2024
JUNE 6th – 8th



TEAM INFORMATION (Please fill-out the form **CAREFULLY** and **COMPLETELY**) – USE ONE TEAM ENTRY FORM PER ENTRY / PER TEAM

REV.01

Team Name _____
 (to be printed on the Competition Program Book)

Rink _____ Country _____

Coach _____ Coach Email _____

TEAM EVENTS**SYNCHRONIZED TEAM EVENTS**

(The skaters' age cut-off date for all SYNCHRONIZED events are May 2nd, 2024)

- Synchronized Formation Compulsories
- Synchronized Skating Compulsories
- Synchronized Formation Team
- Synchronized Skating Team
- Synchronized Dance

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 ISIA office in Hong Kong or ISI (U.S.) **by April 20th, 2024**

TEAM SURPRISE

- Low (PA-DL) Int (FS 4-5)
- Med (FS 1-3) High (FS 6-10)

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

No	Skaters' Name	Age	ISI #	No	Skater's 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 Indonesia Rupiahs)

Team Event (/skater) : _____ x USD 30 = USD _____
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 ISIA or ISI-USA. I have notified all team members that they skate at their own risk at this competition, and hereby release ISIA, 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: _____ Amount: _____
 Date Received: _____ Initials: _____

Coach Signature _____

Date _____