

SEND ENTRY AND FEE TO :  
 Sky Rink Jakarta  
 Lvl. 3 Mall Taman Anggrek  
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**INDIVIDUAL ENTRY FORM**  
**SKATE JAKARTA 2024**  
 September 12 - 15, 2024



**SKATER INFORMATION**

\_\_\_\_\_ Male / \_\_\_\_\_ Female

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ISI MEMBER #</b>	<b>Expiration Date</b>
<b>Home Rink</b>	<b>Birthdate - Day/Month/Yr.</b>	<b>Age as of September 12, 2024</b>	<b>Gender: M / F</b>

<b>Tested Level</b>	<b>City</b>	<b>Country</b>	<b>Phone No.</b>	<b>E-mail address</b>
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**INDIVIDUAL EVENTS**

Pre- Alpha - Delta	Freestyle 1-10	Solo Dance 1-10	Open Freestyle
<input type="checkbox"/> Solo Program <input type="checkbox"/> Stroking (AL - DL only) <input type="checkbox"/> Solo Comp <input type="checkbox"/> Solo Spotlight <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <input type="checkbox"/> TOT 1 - 4 <input type="checkbox"/> Solo Program <input type="checkbox"/> INDICATE LEVEL	<input type="checkbox"/> Solo Program <input type="checkbox"/> Footwork <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Artistic <input type="checkbox"/> Interpretive <b>Rhythmic</b> <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon <input type="checkbox"/> INDICATE LEVEL (1-10)	Level: Choice of Dance: <b>FIGURE 1-10</b> <input type="checkbox"/> Regular Figures <input type="checkbox"/> Creative Figures <input type="checkbox"/> Free Figures (3 - 10) <b>INDICATE LEVEL (1-10)</b> <input type="checkbox"/> INDICATE LEVEL	<input type="checkbox"/> Speedracing (group by age) <input type="checkbox"/> Hockey <input type="checkbox"/> Skating <input type="checkbox"/> Shoot <input type="checkbox"/> Goalie <input type="checkbox"/> Bronze (FS 1-3) <input type="checkbox"/> Silver (FS4-5) <input type="checkbox"/> Gold (FS 6-7) <input type="checkbox"/> Short Gold (FS6-7) <input type="checkbox"/> Platinum (FS8-10) <input type="checkbox"/> Short Platinum (FS 8-10)

PARTNER EVENTS	SIM	MIX	Partner Age	ISI #	Partner Name
Couple Spotlight <input type="checkbox"/> Character <input type="checkbox"/> Couple 1-10 Level _____ <input type="checkbox"/> Pair 1 -10 Level _____ <input type="checkbox"/> Dance 1 - 10 Level _____ <input type="checkbox"/> Free Dance 1-10 Level _____	<input type="checkbox"/> Low <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Plat	<input type="checkbox"/> (PA-DL) <input type="checkbox"/> (FS 1-3) <input type="checkbox"/> (FS 4-5) <input type="checkbox"/> (FS 6-7) <input type="checkbox"/> (FS 8-10)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

<b>Jump &amp; Spin Team</b>	L	B	S	G	P
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEES & PAYMENT	Note: Membership must be current through event. All test and memberships must be registered with ISIAsia office in Hong Kong or ISI (US) before July 12, 2024
There will be NO REFUNDS. We reserve the right to limit the number of entries without notice. Fill out form carefully and completely - Including signature below. I skate at this competition at my own risk and hereby release ISI Asia, ISI, the rink owner, management, staff, and organizers from all liability for any accident or injury. I declare that the home rink listed above is the true rink I represent,  I declare that the information above is true, that this skater's test(s) are registered with ISIAsia or ISI, that the skater is a current individual Member of ISIAsia or ISI, that this skater is skating in the proper levels and categories, and that the home rink is correct.	<b>FEES &amp; PAYMENT</b> Entries must be received by Sky Rink before July 12, 2024 <b>STRICTLY DOUBLE FEES APPLY AFTER THIS DATE</b> First Event Rp 750.000 x _____ = _____ Add Events (musical) Rp 500.000 x _____ = _____ Add Events (Non musical) Rp 400.000 x _____ = _____ <b>TOTAL PAYMENT</b> _____

Skater / Parent Signature	Coach Name	Date	PLEASE NOTE: ANY CHANGES TO THE ORIGINAL ENTRY FORM WILL RUSULT IN A CHANGE FEE OF Rp. 200.000/ SKATER IF ACCEPTED.
Coach Signature	Coach Name	Date	Date Received: _____ Initial: _____ Payment Type: _____ Amount: _____