

SEND ENTRY AND FEE TO :
 Sky Rink Jakarta
 Lvl. 3 Mall Taman Anggrek
 Jl. Letjen S. Parman Kav. 21
 Jakarta Indonesia 11470
 Tel. : 6221-5642888
 Fax. : 6221-5643888
 Email : skatejakarta24@gmail.com



TEAM ENTRY FORM
SKATE JAKARTA 2024
 September 12 - 15, 2024



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

Team Name	Coach Name
Rink Name	Coach Email Address
City	Country

USE ONE TEAM ENTRY FORM PER TEAM/PER ENTRY - Must Have Complete Information and Signature

	Age Category	Majority		
<input type="checkbox"/>	Synchronized Formation Compulsories	Tot	6	<input type="checkbox"/> Production Team
<input type="checkbox"/>	Synchronized Formation Team	Junior Youth	8	<input type="checkbox"/> Pattern Team
<input type="checkbox"/>	Synchronized Skating Compulsories	Youth	9 - 11	<input type="checkbox"/> Kaleidoskate Team
<input type="checkbox"/>	Synchronized Skating Team	Senior Youth	12 - 14	<input type="checkbox"/> Team Compulsories: ____ level
<input type="checkbox"/>	Synchronized Dance	Teen	14 - 19	<input type="checkbox"/> FS Synchro Team: ____ level
<input type="checkbox"/>	Ensemble	Adult	20	(indicate Freestyle 1-10)
				<input type="checkbox"/> Ensemble
				<input type="checkbox"/> Family Spotlight

TEAM MEMBERS (Please Clearly Print Information Below or Attach Team Roster with Required Information)

	NAME	AGE	ISI #		NAME	AGE	ISI #
1.				1.			
2.				2.			
3.				3.			
4.				4.			
5.				5.			
6.				6.			
7.				7.			
8.				8.			
9.				9.			
10.				10.			
11.				11.			
12.				12.			
13.				13.			
14.				14.			
15.				15.			
16.				16.			

There will be NO REFUNDS. All memberships must be current through event,
 I declare that the information above is true and that all skaters have a current individual Memberships ISIAsia or ISI. I have informed all team members that they skate at their own risk at this competition, and hereby release ISIAsia, ISI, the rink owner, management, staff & organizers from all liability for any accident or injury

FEES & PAYMENT
 Entries must received by Sky Rink before July 12, 2024
 Double FEES APPLY AFTER THAT DATE
 All Team Entries Rp. 400.000 per skater

Coach Signature	Date	Total Payment = Rp. _____
-----------------	------	---------------------------

OFFICIAL USE ONLY	PAYMENT	Amount	Date Received
-------------------	---------	--------	---------------