

Send Entry Form :
 Blue Ice Skating Rink
 Paradigm Mall Johor Bahru
 Jalan Bertingkat , 81200, Skudai
 Johor, Malaysia
 Tel: (+60) 7232-3583
 Email : skatejohor@gmail.com

INDIVIDUAL ENTRY FORM

FIGURE SKATING

SKATE JOHOR 2024
 OCTOBER 18th-20th, 2024



SKATER INFORMATION *(Kindly complete the form thoroughly and with attention to detail)*

Name _____
(to be printed on the Competition Schedule and Certificate)

Age _____
(as of Oct 18th, 2024)

Gender M F
(please check the box)

Rink _____

Birth Date *(day/month/year)* _____

Coach _____

ISI Membership # _____

INDIVIDUAL EVENTS *(Highest test level must be registered with the ISIAAsia by September 8th, 2024)*

<p>Highest ISI Test Level: _____ <small><i>(Tot 1-4 / Pre-Alpha - Delta / FS 1-10 or Bronze-Platinum)</i></small></p> <p><input type="checkbox"/> Solo Program <i>(PA-DL, FS 1-10)</i> <input type="checkbox"/> Artistic <i>(FS 1-10)</i> <input type="checkbox"/> Footwork <i>(FS 1-10)</i></p> <p>Open Freestyle Event <input type="checkbox"/> Bronze <i>(FS 1-3)</i> <input type="checkbox"/> Silver <i>(FS 4-5)</i> <input type="checkbox"/> Gold Short <i>(FS 6-7)</i> <input type="checkbox"/> Gold <i>(FS 6-7)</i> <input type="checkbox"/> Short Platinum <i>(FS 8-10)</i> <input type="checkbox"/> Platinum <i>(FS 8-10)</i> <input type="checkbox"/> Platinum Short <i>(FS 8-10)</i> <input type="checkbox"/> Platinum Plus <i>(FS 8-10)</i></p>	<p>Solo Spotlight <i>(All Levels)</i> <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <input type="checkbox"/> Theme "Paris 2024"</p> <p>Rhythmic <i>(FS 1-10)</i> <input type="checkbox"/> Ball <input type="checkbox"/> Hoop <input type="checkbox"/> Ribbon</p> <p><input type="checkbox"/> Stroking <i>(AL-DL ONLY)</i> <input type="checkbox"/> Solo Compulsories <i>(All Levels)</i> <input type="checkbox"/> Solo Surprise <i>(All Levels)</i> <input type="checkbox"/> Speed Racing <i>(All Levels)</i></p> <p>Solo Dance <i>(1-10)</i> <input type="checkbox"/> Level _____</p>	<p>Figures <i>(1-10)</i> _____ (Level) <input type="checkbox"/> Figures <input type="checkbox"/> Free Figures <input type="checkbox"/> Creative Figures</p> <p>PLEASE NOTE:</p> <ul style="list-style-type: none"> Rhythmic: Can do more than 1 event with different program. Any change to this original Entry Form will result in a change fee of <u>USD 25 PER CHANGE / PER SKATER.</u> ENTRY DEADLINE: September 8th, 2024 <u>DOUBLE FEES APPLY AFTER THAT DATE</u>
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PARTNER EVENTS

	LOW <small>(PA-DL)</small>	BRONZE <small>(FS 1-3)</small>	SILVER <small>(FS 4-5)</small>	GOLD <small>(FS 6-7)</small>	PLATINUM <small>(FS8-10)</small>	PARTNER FULL NAME	ISI MEMBERSHIP #	PARTNER AGE
Jump & Spin Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Couple Spotlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <input type="checkbox"/> Theme "Paris 2024"							
Couple 1-10	Level _____		<input type="checkbox"/> SIM	<input type="checkbox"/> MIX				
Dance 1-10	Level _____		<input type="checkbox"/> SIM	<input type="checkbox"/> MIX				
Free Dance 1-10	Level _____		<input type="checkbox"/> SIM	<input type="checkbox"/> MIX				
Pair 1-10	Level _____							

FEES & PAYMENT *(All amounts are in US Dollar)*

First Event : 1 x USD 60 = USD 60
 Second Event : 1 x USD 45 = USD _____
 Additional Events: ___ x USD 35 = USD _____

TOTAL PAYMENT = USD _____

There will be NO REFUNDS. ISI reserves the right to limit the number of entries without notice. I skate at this competition at my own risk and hereby release ISIAAsia, ISI-USA, the rink owners, rink management, rink staff, and event organizers from any liability for accidents or injuries. I declare that the home rink listed above is the rink where I skate.

NOTE: Membership must be current through event. All tests and memberships must be registered with the ISIAAsia office in Hong Kong or ISI (U.S.) by September 8th, 2024

OFFICE USE ONLY

Payment Type: _____ Amount: _____
 Date Received: _____ Initials: _____

Skater Signature _____ Parent Signature (if applicable) _____ Date _____

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

Coach Signature _____ Date _____