



# TEAM ENTRY FORM

Event Dates: August 4 – 10, 2013  
Test & Entry Deadline: June 4, 2013

Send entry and fee to: Ice Skating Institute Asia Ltd  
GPO Box No. 579 Hong Kong Email: info@isiasia.org



Please Fill-out the form carefully and completely.

Website: www.skateasia2013.com

## TEAM INFORMATION (Please print)

Team Name ( Name for Program Book )

Home Rink

Coach Name

Coach ISIA Asia Membership#

Coach Certification Level

Coach Phone No.

Coach E-mail (Required)

ISI Team Registration # (Synchronized teams only)

Team Manager Name

Email (Required)

Phone No.

ISI / ISIA Asia Membership#

## TEAM EVENT ENTRIES (PLEASE CHECK CORRECT BOX)

<input type="checkbox"/> Synchronized Formation Compulsories	Age Category (choose one) <input type="checkbox"/> Tot 6 <input type="checkbox"/> Junior Youth 8 <input type="checkbox"/> Youth 9-11 <input type="checkbox"/> Senior Youth 12-14 <input type="checkbox"/> Teen 14-19 <input type="checkbox"/> Collegiate 18-25 <input type="checkbox"/> Adult 20-39 <input type="checkbox"/> Master 40+	<i>Majority</i>	<input type="checkbox"/> Family Spotlight	<input type="checkbox"/> Team Surprise (4 skaters per team) <input type="checkbox"/> Low (Pre-Alpha-Delta) <input type="checkbox"/> Med (FS 1-3) <input type="checkbox"/> Int (FS 4-5) <input type="checkbox"/> High (FS 6-10)
<input type="checkbox"/> Synchronized Skating Compulsories			<input type="checkbox"/> Production Team	
<input type="checkbox"/> Synchronized Formation Team			<input type="checkbox"/> Ensemble	
<input type="checkbox"/> Synchronized Advance Formation Team			<input type="checkbox"/> Pattern Team	
<input type="checkbox"/> Synchronized Skating Team			<input type="checkbox"/> Kaleidoskate Team	
<input type="checkbox"/> Synchronized Open Skating Team			<input type="checkbox"/> Team Compulsories: _____ Level	
<input type="checkbox"/> Synchronized Dance			<input type="checkbox"/> Freestyle Synchro: _____ Level	
(Please note: The skaters' age cut-off for <b>ALL Synchronized Team Events</b> are July 1, 2013.)			<input type="checkbox"/> Theater Production Team	

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

Name	Birth date Day / Month / Year	ISI#	Name	Birth date Day / Month / Year	ISI#
1.			13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

There will be **NO REFUNDS**. We reserve the right to limit the number of entries without notice. I declare that the information above is true and that all skaters have a current Individual or Professional Membership in ISIA Asia or ISI-USA. I have notified all team members that they skate at their own risk at this competition, and hereby release ISI-USA, ISIA Asia, the event organizer, host facility(ies) and its owner(s), officers, directors, officials from all liability for any accident or injury. I hereby agree that any photographs or videos taken of our team by the event organizers or authorized parties may be used exclusively for any purpose by the aforesaid parties.

X

Coach Signature

(PLEASE PRINT NAME)

Date

Is the coach attending the event? ☐ Yes / ☐ No

## FEES & PAYMENT

**NOTE:** Membership must be current through event. All tests and memberships must be registered with the ISIA Asia office in Hong Kong or ISI-USA **by JUNE 4, 2013**.

Team Event USD 30 x \_\_\_\_ = USD \_\_\_\_

**TOTAL PAYMENT** = USD \_\_\_\_

**PLEASE NOTES:** ANY CHANGES TO THIS ORIGINAL ENTRY FORM WILL RESULT IN A CHANGE FEE OF US\$30.00 PER CHANGE / PER SKATER. IF ACCEPTED, ENTRY FEES WILL BE DOUBLED AFTER ENTRY DEADLINE!

## OFFICE USE ONLY

Payment Type:

Amount:

Date Received:

Initials:

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