



Group Event Entry Form

39th Annual Mississippi Valley District Invitational Team Competition March 28-30, 2008

Endorsed by the Ice Skating Institute: 1-9354-2008
Must be postmarked by Friday, February 29, 2008

Please print:

Name of Group _____ Phone _____

Rink/Team Represented _____

Rink Address _____ City _____ State _____ Zip _____

Contact Person _____ E-mail Address: _____

Please use a separate Group Entry Form for each event entered. (\$ 10.00 per skater unless otherwise noted)

- | | |
|--|--|
| <input type="checkbox"/> Family Spotlight | <input type="checkbox"/> Synchronized Formation Compulsories |
| <input type="checkbox"/> Ensemble | <input type="checkbox"/> Synchronized Formation |
| <input type="checkbox"/> Production Number | <input type="checkbox"/> Synchronized Skating Compulsories |
| <input type="checkbox"/> Team Compulsories: Specify level (1-10) _____ | <input type="checkbox"/> Synchronized Skating |
| <input type="checkbox"/> Show (\$15.00 per skater) | <input type="checkbox"/> Synchronized Dance Compulsories |
| | <input type="checkbox"/> Synchronized Dance |

NAME (Please print clearly)	Age as of 7/1/07 (for Synchro)	Birthdate (Month/Day/Year)	ISI#	USFS? (See note at right)
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>
10.				<input type="checkbox"/>
11.				<input type="checkbox"/>
12.				<input type="checkbox"/>
13.				<input type="checkbox"/>
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15.				<input type="checkbox"/>
16.				<input type="checkbox"/>
17.				<input type="checkbox"/>
18.				<input type="checkbox"/>
19.				<input type="checkbox"/>
20.				<input type="checkbox"/>
21.				<input type="checkbox"/>
22.				<input type="checkbox"/>
23.				<input type="checkbox"/>
24.				<input type="checkbox"/>
25.				<input type="checkbox"/>
26.				<input type="checkbox"/>
27.				<input type="checkbox"/>
28.				<input type="checkbox"/>

Indicate with check mark (under USFS?) any team member who has competed at or above the Novice level (individual or synchronized) at any USFS National Championship within the last two years.

MVDC Competition
Ice Chalet - Knoxville
P.O. Box 10668, Knoxville TN 37939-0668
phone (865) 588-1858 ☐ fax (865) 588-7509
icechalet@bellsouth.net ☐ www.chaleticerinks.com

Please list any additional members on the back of this form.

*All fees \$10.00 except show fee which is \$15.00
Team should submit one check payable to "Ice Chalet."*

Total Enclosed: \$ _____

I declare that the above information is true and that all skaters have current individual membership with ISI. I have notified all team/group members that they skate at their own risk and hereby release Ice Chalet - Knoxville, its owners and personnel from all liability.

Date _____

Signature of Coach _____