



# Group Event Entry Form

## 40th Annual Robert Unger Skating Competition April 3-5, 2009

Endorsed by the Ice Skating Institute: 1-9760-2009  
Must be postmarked by Friday, February 27, 2009

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 7/1/08 (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"/>
14.				<input type="checkbox"/>
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.

**Robert Unger Skating 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/competition.htm

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 \_\_\_\_\_