

## Team Entry Form

### 43rd Annual Robert Unger Skating Competition March 30-April 1, 2012      Entries Due: Feb. 25, 2012



**Endorsed by the Ice Skating Institute: 1-1270-2011**

*Return entries to:* 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

**Return entry form to your team coach with your entry fee.  
All entries must be postmarked by Saturday, February 25, 2012. No refunds.**

*Please print:*

**Name of Team** \_\_\_\_\_ **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. (\$ 12.00 per skater unless otherwise noted)**

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

NAME <i>(Please print clearly)</i>	Age <i>as of 7/1/10</i>	Birthdate <i>(Month/Day/Year)</i>	ISI#	USFS? <i>(See note)</i>
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"/>

*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.*

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

**All fees \$12.00 except show fee which is \$15.00**

**Group leader 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 \_\_\_\_\_