



Team Entry Form

The 48th Annual Robert Unger ISI Team Competition April 28-30, 2017 Entries Due: March 28, 2017

Return entries to: Robert Unger ISI Team Competition
 Ice Chalet - Knoxville
 P.O. Box 10668
 Knoxville TN 37939-0668

Endorsed by the Ice Skating Institute: 1-2930-2016

phone (865) 588-1858 • fax (865) 588-7509 • icechalet@chaleticerinks.com
 www.chaleticerinks.com/competition.htm

Return entry form to your team coach with your entry fee.

All entries must be postmarked by Tuesday, March 28, 2017. 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"/> Show Number?* | <input type="checkbox"/> Synchro Formation Compulsories | Age Category: |
| Highest Skill Level of Any of These Skaters:
<input type="checkbox"/> Low (Tots-Delta) <input type="checkbox"/> Medium (FS 1-3)
<input type="checkbox"/> Interm. (FS 4-5) <input type="checkbox"/> High (FS 6-10) | <input type="checkbox"/> Synchro Formation | <input type="checkbox"/> Tots |
| <input type="checkbox"/> Ensemble <input type="checkbox"/> Show Number?* | <input type="checkbox"/> Synchro Advanced Formation | <input type="checkbox"/> Junior Youth |
| Highest Skill Level of Any of These Skaters:
<input type="checkbox"/> Low (Tots-Delta) <input type="checkbox"/> Medium (FS 1-3)
<input type="checkbox"/> Interm. (FS 4-5) <input type="checkbox"/> High (FS 6-10) | <input type="checkbox"/> Synchro Skating Compulsories | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Theme Ensemble* <input type="checkbox"/> Show Number?* | <input type="checkbox"/> Synchro Skating | <input type="checkbox"/> Senior Youth |
| Highest Skill Level of Any of These Skaters:
<input type="checkbox"/> Low (Tots-Delta) <input type="checkbox"/> Medium (FS 1-3)
<input type="checkbox"/> Interm. (FS 4-5) <input type="checkbox"/> High (FS 6-10) | <input type="checkbox"/> Synchro Skating Open | <input type="checkbox"/> Teen |
| <input type="checkbox"/> Production Number | <input type="checkbox"/> Synchro Dance Compulsories | <input type="checkbox"/> Collegiate |
| <input type="checkbox"/> Theme? <input type="checkbox"/> Show Number?* | <input type="checkbox"/> Synchro Dance | <input type="checkbox"/> Adult |
| | <input type="checkbox"/> Freestyle Synchro | <input type="checkbox"/> Master |
| | <input type="checkbox"/> Kaleidoskate | |
| | <input type="checkbox"/> Theater Production* | |
| | <input type="checkbox"/> Team Compulsories: Specify level (1-10) _____ | |

*Show numbers will also be judged, but will be presented in a show format on Sunday!

NAME (Please print clearly)	Age as of 7/1/16	Birthdate (Month/Day/Year)	Highest Test Passed (if any)	ISI#	USFS? (See note)
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"/>

USFS? Indicate with check mark 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.

All fees \$12.00/skater. Group leader should submit one check payable to "Ice Chalet." Total : \$ _____

I have notified all team members that they skate at their own risk & hereby release the Ice Chalet, its owners & personnel from all liability.

Date _____

Signature of Coach _____