



25TH ANNUAL ISI INVITATIONAL

CENTENNIAL SPORTSPLEX ICE ARENA ♦ 222 25TH AVE. N. ♦ NASHVILLE, TN 37203
 (615) 862-8480, (615) 880-2270 FAX ♦ WWW.CENTENNIALSPORTSPLEX.COM
 ENDORSED BY THE ICE SKATING INSTITUTE (ISI) # 1-1265-2010

SATURDAY & SUNDAY, FEBRUARY 20-21, 2010

TEAM ENTRY FORM

Group Name	ISI#	Coach
EMAIL		
Rink	Phone	
Address		
City	ST	Zip
Is this team an active USFS member who has competed at or above the Novice level at any USFS national competition within the last two years? Yes No		

EVENT	Synchronized Formation	Production Number	Comedy
	Synchronized Skating	Kaleidoskate	Jump & Spin
	Synchronized Dance	Family Spotlight	Element
	Synchronized Formation Compulsory	Pattern	Team Compulsory <small>level</small>
	Synchronized Skating Compulsory	Specialty Act	Freestyle Synchro <small>level</small>
	Ensemble		

AGE GROUPS	Tot (majority of skaters ages 6 or younger)	Senior Youth (majority of skaters ages 12-14)
	Junior Youth (majority of skaters ages 8 or younger)	Teen (majority of skaters ages 14-19)
	Youth (majority of skaters ages 9-11)	Adult (majority of skaters ages 20 & over)

ENTRY FEE	(\$12.00 per skater) TOTAL FEE PAID
<i>Check payable to Metro Parks. To pay by credit card, complete the information at the bottom of this page.</i>	

SUBMIT	Complete this form for each team <i>separately</i> online at www.nashville.gov/sportsplex/isicompetition.htm , print, and mail to: Keneth Langley, Centennial Sportsplex Ice Arena, Centennial Park Office, Nashville, TN 37201.
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DEADLINE	January 11, 2010 (received or postmarked) . We reserve the right to limit entries and to refuse late entries.
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I declare that the information below is true; that these skaters are current individual members of the ISI skating in the proper category; and that I have informed all skaters that they skate at their own risk, and hereby release Metro Parks and their personnel from all liability.

Team Coach (sign & print)	Phone
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NOTE: INFORMATION BELOW MUST BE COMPLETE AND ACCURATE! (SHOW AGE AS OF 7/1/2009)

NAME	AGE	ISI#	NAME	AGE	ISI#
1			14		
2			15		
3			16		
4			17		
5			18		
6			19		
7			20		
8			21		
9			22		
10			23		
11			24		
12			25		
13			26		

Credit Card #	Exp. Date
Cardholder (print)	Visa MasterCard
Telephone #	Authorized Signature

This box for office use only: Check (#) Entered In POS System Entered in Competition System