

**SUMMER SIZZLE**  
**July 10 - 12, 2009**  
**TEAM ENTRY FORM**

Name of Group \_\_\_\_\_  
 Rink Name \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Representing \_\_\_\_\_  
 Rink Address \_\_\_\_\_  
 Rink Phone # (\_\_\_\_) \_\_\_\_\_

ISI Synchronized Team Registration # \_\_\_\_\_

**We wish to Enter:**

- Family Spotlight
- Synchronized Skating
- Synchronized Skating Compulsories
- Team Compulsory, Level FS \_\_\_\_\_

**Synchronized Age Category:**

- Tot
- Jr. Youth
- Youth
- Sr. Youth
- Teen
- Adult

**Synchronized Fees**

1st Event \$ \_\_\_\_\_ + 2nd Event \$ \_\_\_\_\_ + District Fee \_\_\_\_\_ = Total \$ \_\_\_\_\_  
 (\$10 per Skater) (\$5 per Skater) (\$1.00 per skater per team - per event)

**Team Compulsory, & Family Spotlight Fees**

Event Fee \$ \_\_\_\_\_ + District Fee \_\_\_\_\_ = Total \$ \_\_\_\_\_  
 (\$10 per Skater) (\$1.00 per skater per team)

**MAIL CHECK AND COMPLETED ENTRY FORM TO:**

**NATIONAL SPORTS CENTER**  
**% Summer Sizzle**  
**1700 105<sup>th</sup> Ave. NE.**  
**Blaine, MN 55449**

\*Age as of 7/1/09 pertains to Synchronized Skating Teams Only.

√ Indicate any team member who has competed at or above the Novice Level at any USFS National Championship within the last 2 years

NAME	√ USFS	Age 7/1/09	ISI MEMBER #	NAME	√ USFS	Age 7/1/09	ISI MEMBER #
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

**ENTRY DEADLINE: May 20, 2009**  
**Please See Back Of Form**

**To help us correctly place your team, please give a brief description of ability level and/or competitive synchronized experience.**

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**COACH VERIFICATION (circle level)**

*I declare the information of this entry form to be true and correct. I understand that coaches of competing students are required to serve as competition judges.*

*I have passed ISI Judges Certification Test Level: Gold Silver Bronze Group 2008 Update*

Signature \_\_\_\_\_

ISI Associate # \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_

E MAIL \_\_\_\_\_

Update test required for all who have passed certification tests prior to 1-1-00

**TEAM LIAISON VERIFICATION (Must be completed fully)**

*I declare the information on this form to be true and correct.*

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

ISI Associate # \_\_\_\_\_ Expires \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E MAIL \_\_\_\_\_