

**FROSTY BLADES
FEB 12 -14, 2010
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
% Frosty Blades
1700 105th Ave. NE.
Blaine, MN 55449**

*Age as of 7/1/10 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: Dec 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.

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 2010 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 _____