



**2016 RMU Island Sports Center
Shamrock Skate ~ ISI Team Competition
Sunday, March 26, 2017
Test and Entry Deadline: February 17, 2017**



Skater's Information: (Please Print Clearly)

Guest Services: Activity Type: Shamrock Skate Competition Season: 2016-17 Figure Skating Sub-Category: Shamrock Skate - ISI Events

Skater's First Name _____ Last Name _____ ISI Member # _____ [] Male [] Female
Exp. Date _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Age on March 26, 2017: _____ **Birth date:** _____ **Highest ISI Test Passed:** _____

Email: _____ Home Rink/Club: _____

USFS Freestyle Test Level: _____ All test and memberships must current and registered with ISI at least 30 days prior to the event.

Are you an active USFS member who has competed at or above the Novice level at any USFS National Championships within the last two years [] Yes [] No

Individual Events: ISI Test Level _____

Tot 1-4 / Pre-Alpha-Delta / FS 1-8

- Solo Program with Music (Tot – Freestyle 8)
- Solo Compulsories (Tot – Freestyle 8)

ISI Open Freestyle Events

- Bronze (FS 1-3)
- Silver (FS 4-5)
- Gold (FS 6-7)
- Platinum (FS 8-10)

SPOTLIGHT EVENTS: (Tot – Freestyle 8)

Solo & Couples Spotlight must indicate current test level each event will be grouped low, medium or high

SOLO SPOTLIGHT Test Level: _____

Mark One:

- Character
- Dramatic
- Light Entertainment

COUPLES SPOTLIGHT Test Level: _____

Partner's Name: _____

Partner's ISI #: _____

Highest ISI Test Passed: _____

Partner must submit separate application & payment.

Solo & Couples Spotlight will be grouped in the following categories according to ISI Standards:

- Low (Tot, Pre-Alpha-Delta)
- Bronze (FS1-3)
- Silver (FS4-5)
- Gold (FS6-7)
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Fees & Payment

[] First Event \$50 x 1 = \$ _____

[] Each Additional \$25 x _____ = \$ _____

Entry Total \$ _____

[] Late Fee (after 2/17/17) \$25 \$ _____

Total Enclosed \$ _____

Please send entries and make checks payable to:

RMU Island Sports Center
c/o Beth Sutton
7600 Grand Avenue
Pittsburgh, PA 15225

NO REFUNDS ISSUED AFTER ENTRY DEADLINE FOR ANY REASON.

ISI & Compete USA Event Fees MAY NOT be combined.

Please read & sign:

I skate at this competition at my own risk and hereby release ISI, RMU Island Sports Center, their officers, directors, officials and personnel from all liability. I declare that the home rink/club is the true rink/club/school I wish to represent.

Signature of Skater _____

Signature of Parent _____

I declare that the above information is true regarding this skater's test status, that he/she is a current ISI individual or professional member, and is skating in the proper categories and levels and that the home rink/club listed above is correct.

Coach name _____

E-mail Address _____

Phone _____

Certification Level _____ ISI # _____

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