

**Team Events Entry Form**  
**Yvonne Dowlen Memorial ISI Team Competition**  
**June 10, 2018**

Endorsed by the Ice Skating Institute: 1-2885-2017

Are any of these skaters active USFS members who have competed at or above the Novice level at any USFS National Championship within the past two years? Yes or No

Name of Group \_\_\_\_\_

Rink/Team Representing \_\_\_\_\_ Phone \_\_\_\_\_

Rink Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Please indicate which team event you are entering**

\_\_\_\_\_ Synchronized Dance    \_\_\_\_\_ Synchronized Form    \_\_\_\_\_ Synchronized Skate    \_\_\_\_\_ Production  
 \_\_\_\_\_ Team Compulsories    \_\_\_\_\_ Kaleidoskate Team

**Please indicate the age of your team (doesn't apply to Family or Cpl. Spotlight)**

\_\_\_\_\_ Jr. Youth Team    \_\_\_\_\_ Sr. Youth    \_\_\_\_\_ Youth Team    \_\_\_\_\_ Teen Team    \_\_\_\_\_ Adult Team

ISI Team Number: \_\_\_\_\_

**Entry Fees: \$13.00 per skater**

**Entries must be postmarked by October 7, 2017. Late entries will pay a double fee if accepted.**  
**Please make checks payable to South Suburban Ice Arena**

<b>Skater's Names</b>	<b>Age (as of 7-1-18)</b>	<b>ISI#</b>
<b>Payment</b>		

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Please list any additional members on the back of this form.

**Total Team Entry Fee** \_\_\_\_\_

I declare that the above information is true and that all skaters have current individual membership with ISI. I have notified all team members that they skate at their own risk and hereby release South Suburban Park and Recreation District, and all personnel from all liability.

\_\_\_\_\_  
 (Signature of Coach/Instructor)

\_\_\_\_\_  
 Date