



**ICE at The Parks Individual Entry Form**  
 17<sup>th</sup> Annual ISI Open Competition  
 Saturday & Sunday, September 19 & 20, 2020  
ICE at The Parks, inside "The Parks at Arlington" Mall, Arlington, TX.

NAME \_\_\_\_\_ Age on 09/19/20\_\_\_\_ Birth date\_\_\_\_\_ M / F

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

ISI# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Highest Test Passed \_\_\_\_\_

**LEVEL:** Please write in the level in the category in which you wish to compete. This level must be your highest test passed and registered with **ISI** on or before **August 15, 2020.**

<u>Tot 1 – 4 (\$40.00)</u>	<u>Pre-Alpha</u>	<u>Alpha-Delta</u>	<u>Freestyle 1 - 10</u>	<u>Special Skater</u>
<u>Open Freestyle</u> Bronze Silver Gold Platinum	<u>Open Freestyle Short</u> Gold Platinum	<u>Interpretive</u> FS1-10	<u>Solo Compulsories</u> Pre-Alpha - FS 10	<u>Footwork</u> FS1-10
<u>Spotlight Tots-FS 10</u> Lt Ent / Drama / Character	<u>Rhythmic FS1-10</u> Hoop / Ball / Ribbon	<u>Stroking</u> Alpha – Delta	<u>Artistic</u> FS 1-10	
<u>Couples Spotlight</u> Lt Ent / Drama / Character Low Brnz Slver Gold Platm	<u>Dance 1 - 10</u> Solo Couple Pro Partner	<u>Couples 1 - 10</u>	<u>Pairs 1 -10</u>	<u>Jump &amp; Spin</u> See Team Form

Partner's Name: \_\_\_\_\_ ISI# \_\_\_\_\_ Age: \_\_\_\_\_ M or F

**Circle Partner event:** Dance Couple Pairs Couple Spotlight

ENTRY FEES: \$50.00 single event \$ \_\_\_\_\_  
 \$40.00 Tot event \$ \_\_\_\_\_  
 \$15.00 each additional event \$ \_\_\_\_\_  
 \$90.00 family entry \$ \_\_\_\_\_ (first event per family member/up to 2 members)  
 Separate forms must be filled out for each family member

TOTAL \$ \_\_\_\_\_

\*Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Entries must be turned in by close of business August 15, 2020**

*Make checks payable to ICE at The Parks. NO REFUNDS. Late entries, if accepted will be charged **DOUBLE.***

Credit Card (circle one) VISA M/C AMEX DISCV

Credit Card Number: \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

*The above named student and their parents, or legal guardian agree that Rink Management Services Co., ICE at The Parks and "The Parks at Arlington" Mall is not responsible for any loss or damage to any personal property or injury or illness sustained during activity or cause by any pre-existing conditions. I, the undersigned parent or legal guardian of the above named participant, hereby authorizes the instructors, coaches, or employees of ICE at The Parks to consent to medical, dental, or surgical examination and/or treatment of the above named participant and, in case of emergency authorize treatment or care at any hospital.*

X \_\_\_\_\_  
 Parent/Skater(parent must sign if skater is under 18)

X \_\_\_\_\_  
 Coaches Signature

Coaches Phone # \_\_\_\_\_

Print Coaches Name: \_\_\_\_\_

**Coaches certification:** Bronze Silver Gold (circle one) Coaches ISI # \_\_\_\_\_

Home Rink Name: \_\_\_\_\_

**Caroline Baker, Competition Director / ICE at The Parks, 3815 South Cooper St., Arlington, TX. 76015**  
**Phone 817-419-0095, Fax 817-419-2565 [caroline-theice@sbcglobal.net](mailto:caroline-theice@sbcglobal.net)**