



THE RINKS LAKEWOOD ICE



21st ANNUAL ISI OPEN COMPETITION — November 18 & 19, 2017

Individual Entry Form Events are offered to all ages - Tots through Adults **Must be received by 10/28/17**

Last Name _____ First Name _____ ISI Membership # _____ exp date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Male / Female _____ Circle one _____ Birthdate _____ Age (as of 11-18-17) _____

E-mail address _____ Highest test passed and registered with ISI as of 10-28-17 _____ Home Rink _____

INDIVIDUAL EVENTS Highest ISI Test Level _____

Hockey Skating Level _____ Figures (1-10) _____

Solo Program (all levels)

Solo Compulsories (Tot 1—FS 10)

Stroking (Pre Alpha—Delta only)

Shoot-The-Duck

Footwork (FS1-10)

Interpretive (FS 1-10)

Artistic (FS 1-10)

Solo Spotlight (Can do more than one Spotlight event Tot1—FS10)

Character

Dramatic

Light Entertainment

DANCE

Level (1-10) _____ Solo, Sim, Mix, or Pro _____

Dance Choice 1st event _____, addtl. _____, addtl. _____

Partner Name _____ ISI# _____ ISI Level _____

ISI OPEN FREESTYLE EVENTS

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

ENTRY FEES: Make checks payable to The Rinks Lakewood Ice
Entry Deadline: October 28, 2017

1st Event \$50 = _____

Tots & Pre-Alpha \$35 = _____

Each additional event _____ x \$25 = _____

Solo Compulsories Event Only \$25 = _____

***Special Discount Event** \$10 = _____ (Jump & Spin Team)

Grand Total Enclosed \$ _____

Late entries, if accepted, will be charged additional \$50 late fee. Returned checks will be charged a \$30 return fee. Sorry, no refunds after close of entry. Please turn in to The Rinks Lakewood Ice Program Office:

Attn: Jacqui Palmore, Figure Skating Manager
 (562) 429-1805 x6228
 (562) 497-8471 Fax
 jpalmore@the-rinks.com



3975 Pixie Ave.
 Lakewood, CA

Program Office Use:

Check # _____ Amount _____ Date Received ____/____/____

PARTNER EVENTS

(Each partner must turn in their own entry form and pay their own fees)

Similar Mix

Couple Level (1-10) _____

Pair Level (1-10) _____

Family Spot (2 skaters only—Use group entry for 3 or more skaters)

Partner's Name _____ ISI # _____ ISI Level _____

Age (as of 11-18-17) _____ Sex _____ Phone # _____

JUMP & SPIN TEAM(Discount event \$10)

Low (Tot-Delta) Bronze (FS1-3)

Silver (FS4-5) Gold (FS6-7) Platinum (FS8-10)

Partner's Name _____ ISI # _____ ISI Level _____

Age (as of 11-18-17) _____ Sex _____ Phone # _____

COUPLES SPOTLIGHT

Low Bronze Silver Gold Platinum
 (Tots-Delta) (FS1-3) (FS 4-5) (FS6-7) (FS 8-10)

Character Lt. Entertainment Dramatic

Partner's Name _____ ISI # _____ ISI Level _____

Age (as of 11-18-17) _____ Sex _____ Phone # _____

RHYTHMIC SKATING (FS 1-10)

HOOP BALL RIBBON

(May enter more than one Rhythmic event with different programs)

I skate this competition at my own risk and hereby release ISI, The Rinks Lakewood ICE, their personnel and contractors from all liabilities. Upon entering this competition, I hereby agree that any photographs or video tapes taken of me may be used exclusively for any purpose by Lakewood ICE.

Skater's Signature _____ X Parent's Signature if under 18 _____

Instructor's Name _____ Instructor's Phone # _____

Instructor's Email _____ Instructor's Certification _____

Credit Card Payment Authorization Visa Mastercard Discover American Express

Card # _____ Exp. Date ____/____/____ CVC CODE _____

Synchronized, Production, Family Events (3 or more), USE GROUP ENTRY FORM

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