



## 2011-2012 ISI Synchronized Team Registration Form

This form is to be used by ***Synchronized Teams only*** to register for the 2011-12 skating season ending 8/31/12. All other ISI team or group event entries *do not need to register*. ***Registration fee is \$10 PER TEAM (not per skater) and must be included with this form by check or with credit card details below.*** All team members will receive a crescent patch for the 2011-12 season. All new team members will also receive an "ISI Team Member" patch during their first season on the team.

<b>Team Name (Please Print)</b> _____	<b>Previous 2011 ISI Team #</b> _____
<b>Team Contact</b> _____	<b>Phone #</b> _____
<b>E-mail</b> _____	
<b>Name of Home Rink (Must be current ISI Administrative Member Facility / Club / School)</b> _____	

<b>Team Mailing Address – This address is for: Rink / Coach / Contact (circle one)</b> _____			<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Team Coach Name</b> _____			<b>New coach this year? Yes or No</b>		
ISI Professional # _____	Exp. Date _____	ISI Certification Level _____			
Phone _____	E-mail _____				
<b>Team Coach Name</b> _____			<b>New coach this year? Yes or No</b>		
ISI Professional # _____	Exp. Date _____	ISI Certification Level _____			
Phone _____	E-mail _____				

This team plans to compete in BOTH ISI and USFS competitions this season      Yes \_\_\_\_\_ No \_\_\_\_\_  
 This team has competed in a USFS national event at the Novice level or above in the past 2 years      Yes \_\_\_\_\_ No \_\_\_\_\_

**TEAM DIVISION:**

*Note: If all the same skaters on this team skate in more than one division on the same team name, please mark all divisions that apply. If there are different names for different division teams, then a separate form & additional team fee is required for each team.*

- |   |   |
|---|---|
| <input type="checkbox"/> SYNCHRONIZED FORMATION | <b><u>NEW FOR 2011-12!</u></b>              |
| <input type="checkbox"/> SYNCHRONIZED SKATING   | <input type="checkbox"/> ADVANCED FORMATION |
| <input type="checkbox"/> SYNCHRONIZED DANCE     | <input type="checkbox"/> OPEN SKATING       |

**AGE CATEGORY:** (Age as of **July 1, 2011**) If there is no majority age group, the team must register at the next higher age category.

- |                                     |                          |
|-------------------------------------|--------------------------|
| <input type="checkbox"/> TOT        | Majority 6 yrs. & under  |
| <input type="checkbox"/> JR. YOUTH  | Majority 8 yrs. & under  |
| <input type="checkbox"/> YOUTH      | Majority 9-11 yrs.       |
| <input type="checkbox"/> SR. YOUTH  | Majority 12-14 yrs.      |
| <input type="checkbox"/> TEEN       | Majority 14-19 yrs.      |
| <input type="checkbox"/> COLLEGIATE | Majority 18-25 yrs.      |
| <input type="checkbox"/> ADULT      | Majority 20 yrs. & older |
| <input type="checkbox"/> MASTER     | Majority 40 yrs. & older |

**TOTAL NUMBER OF SKATERS:** \_\_\_\_\_      **# New Skaters** \_\_\_\_\_      **# Returning Skaters** \_\_\_\_\_

**Return payment with this form or include credit card details below**

**ISI / 6000 Custer Rd. Bldg. 9 / Plano, TX 75023 Tel: 972-735-8800 / Fax: 972-735-8815**

For questions or additional information, please e-mail: [randy@skateisi.org](mailto:randy@skateisi.org)

<b>Card #</b> _____	<b>Exp. Date</b> _____	<b>Tel. (must be included)</b> _____
<b>Card Billing Address – including City / State / Zip</b> _____		<b>E-mail</b> _____

**2011-12 ISI Synchronized Team Registration**  
*(Use this form or attach current team roster with this information)*

<u>Skater Name</u>	<u>ISI #</u>	<u>Expiration Date</u>	<u>Age as of 7-1-2011</u>
1			
2			
3			
4			
5			
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