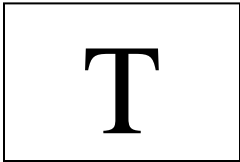




2017-2018 ISI Synchronized Team Registration Form



This form is to be used by Synchronized Teams only to register for the 2017-18 skating season ending 8/31/18. Registration fee is \$25 PER TEAM (not per skater) and must be included with this form by check or with credit card details below.

All teams may designate a Team Manager so that they receive a background check and are eligible to receive a competition credential to be with that team. If more team managers are needed, an additional \$25 per individual is required. All team members will receive a crescent patch for the 2017-18 season. All new team members will also receive an "ISI Team Member" patch during their first season on the team.

Team Name (Please Print) _____ Previous ISI Team # _____

Team Contact _____ Phone # _____ E-mail _____

Name of Home Rink (Must be current ISI Administrative Member Facility / Club / School) _____

Team Mailing Address – This address is for: Rink / Coach / Contact (circle one) _____ City _____ State _____ Zip _____

Team Coach Name _____ New coach this year? Yes or No

ISI Professional # _____ Exp. Date _____ ISI Certification Level _____

Phone _____ E-mail _____

Team Manager Name _____

ISI Member # _____ Exp. Date _____

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.

- SYNCHRONIZED FORMATION
- SYNCHRONIZED SKATING
- SYNCHRONIZED DANCE
- ADVANCED FORMATION
- OPEN SKATING

AGE CATEGORY: (Age as of July 1, 2017) If there is no majority age group, the team must register at the next higher age category.

- TOT Majority 6 yrs. & under
- JR. YOUTH Majority 8 yrs. & under
- YOUTH Majority 9-11 yrs.
- SR. YOUTH Majority 12-14 yrs.
- TEEN Majority 14-19 yrs.
- COLLEGIATE Majority 18-25 yrs
- ADULT Majority 20 yrs. & older
- 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: angela@skateisi.org

Card # _____ Cardholder Signature _____

Card Exp Date _____ Card Billing Zip Code _____ Card Security No _____

Phone No _____ Email Address _____

2017-18 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 7-1-2017</u>
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
7 _____			
8 _____			
9 _____			
10 _____			
11 _____			
12 _____			
13 _____			
14 _____			
15 _____			
16 _____			
17 _____			
18 _____			
19 _____			
20 _____			

Team Manager(s): _____

Additional:

Team Coach Name _____ *New coach this year? Yes or No*
ISI Professional # _____ Exp. Date _____ ISI Certification Level _____
Phone _____ E-mail _____