



2009-2010 ISI Synchronized Team Registration Form

This form is to be used by **Synchronized Teams only**. All other ISI team or group event entries **DO NOT NEED** to register. Synchro teams must register for the 2009-10 skating season ending Aug. 31, 2010. **Registration fee is \$10 PER TEAM (not per skater) and must be included with this form by check or with credit card info. below.** All team members will receive an "ISI Team Member" patch for the 2009-10 season.

Team Name (Please Print) _____ Previous 2009 ISI Team # _____

Team Contact _____ Phone # _____ E-mail _____

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

Team Mailing Address _____ City _____ State _____ Zip _____

Team Coach Name _____

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

Phone _____ E-mail _____

Team Coach Name _____

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

Phone _____ E-mail _____

This team has competed in a USFSA National Event at the Novice level or above in the past 2 years.
YES _____ NO _____

TEAM DIVISION:

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

- SYNCHRONIZED FORMATION
- SYNCHRONIZED SKATING
- SYNCHRONIZED DANCE

AGE CATEGORY: (age as of **July 1, 2009**) If there is no majority age, 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.
- ADULT Majority 20 yrs. & older

TOTAL NUMBER OF SKATERS ON TEAM: _____

Return this form to:

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

For questions or additional information, please e-mail: randy@skateisi.org

<input type="checkbox"/> American Express	_____	_____	_____
<input type="checkbox"/> Visa	Card # _____	Exp. Date _____	Cardholder (please print) _____
<input type="checkbox"/> MasterCard	_____	_____	_____
<input type="checkbox"/> Discover	Authorized Signature _____	Telephone Number (Required) _____	E-mail Address _____

2009-10 ISI Synchronized Team Registration
(Use this form or attach current team roster with this information)

Skater Name

ISI #

Expiration Date

Age as of 7-1-2009

1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____