

FROSTY BLADES 2025 ISI COMPETITION

SYNCHRO TEAM ENTRY FORM <> Entry deadline December 16, 2024

Please print all information

Name of Group _____
 Representing _____
 Address _____
 City/State/Zip _____
 Instructor/Coaches Name (PRINT) _____
 Email Address _____

Is any skater in your Team affected by following declaration? Are you an active USFS member that has competed at or above the Novice Level at any USFS National Championships within the last 2 years? YES _____ NO _____
 If Yes, please provide details.

Synchro Team ISI Reg #: _____

Is any skater in your Team affected by following declaration? Are you an active USFS member that has competed at or above the Novice Level at any USFS National Championships within the last 2 years? YES _____ NO _____
 If Yes, please provide details.

INDICATE CATEGORY

- ___ Synchronized Skating Team
- ___ Synchronized Skating Compulsory
- ___ Synchronized Formation Team
- ___ Synchronized Formation Compulsory
- ___ Synchronized Skating Open
- ___ Advanced Formation Synchronized

INDICATE AGE

- ___ Tots Majority 6 years or younger
- ___ Jr. Youth Majority 8 years or younger
- ___ Youth Majority 9-11 years
- ___ Sr. Youth Majority 12-14 years
- ___ Teen Majority 14-19 years
- ___ Adult Majority 20-39 years

\$20.00 per skater per event

PAPER ENTRY FORMS MUST INCLUDE \$15.00 PAPER REGISTRATION FEE PER TEAM ENTERED

Checks Payable to: National Sports Center

SKATERS NAME	AGE as of 7/1/2024	ISI NUMBER
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____

SKATERS NAME	AGE as of 7/1/2024	ISI NUMBER
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____
20 _____	_____	_____
21 _____	_____	_____
22 _____	_____	_____
23 _____	_____	_____
24 _____	_____	_____

COACH AND TEAM LIAISON VERIFICATION BELOW

COACH VERIFICATION:

I declare the information on this form to be true and accurate. All skaters have correct individual ISI memberships. I have notified all team members that they skate at their own risk and release ISI and the home rink and their personnel from all liability. I understand that Synchronized Team entries must supply one qualified judge for a two hour block.

I have passed the ISI Judges Certification Test Level: Gold Silver Bronze Synchro 2024 Update

Signature _____

Printed Name: _____

ISI Professional Membership # _____ Expires _____ Phone#: _____

Coach Email Address: _____

TEAM LIAISON VERIFICATION:

I declare the information on this form to be true and accurate.

Signature _____

Printed Name _____

ISI Professional Membership # _____ Expires _____ Phone # _____

Team Liaison's Email Address: _____

All entries and fees must be mailed by Team Liaison to:

Postmark deadline December 16, 2024

Entries post marked on/after December 17, 2024 must include a \$40 late fee to process application

NSC / Frosty Blades

1850 105th Ave NE

Blaine, MN 55449

Questions: please contact Jane Schaber at 763-717-3891

Or jschaber@superrink.org