## FROSTY BLADES 2026 ISI COMPETITION <> INDIVIDUAL ENTRY FORM

Name		Phor	ne Number	
Age as of February 6, 2026 Address	Birthdate Phone Number Sex M / F			
City, State, Zip				
Email for Frosty Blades Communications				
Home Rink	ISI N	/lember #		Exp Date
Home RinkISI Test Level as of Dec 18, 2025	U	SFS FS Test Le	evel	
Are you an active member of USFS that has conwithin the last two years? Yes No		ove the Novice Le		
Please fill in the events you wish to compete				
Freestyle	Freest	yle		Compulsory
Freestyle Tot 1, 2, 3 ,4 Pre Alpha– Delta	FS 1 – FS 1	0		Pre-Alpha – FS10
Footwork Open Freestyle	• O	pen Short	Artistic	Stroking
BronzeBronze	Go	d		
Silver Silver	Pla	tinum		Alpha
Gold Gold			Gold	
Platinum Platinum			Platinum	Gamma
Platinum Plus				Delta
Rhythmic				
Hoop <> Bronze, Silver, Gold, Platinum <b>Special Skater</b> (1 -10) indicate level Ball <> Bronze, Silver, Gold, Platinum Ribbon <> Bronze, Silver, Gold, Platinum				
Solo Spotlight				
Light Entertainment <> Tots - De	lta Bronze	Silver	Gold Pla	tinum
Character <> Tots - Delta ,				unum
Original Section Total Belta , Brown a line in the section				
				A == (2/6/2026)
Couples Theme Spotlight <> Partners Name Skaters may only enter 1 couple spotlight event Low, Bronze / FS1 – FS3,				
Jump and Spin <> Partners Name Low, Bronze / FS1 – FS3,	Silver / FS 4 -	131 # ES5 Gold /	/ FS6 _ FS 7	Age(2/6/2026) Platinum FS 8 – FS 10
Low, Bronze / 1 o1 1 o3,	Oliver / 1 O 4	1 00, 00ld /	100 107, _	
ENTRY FEE'S **MUST ADD \$15.00 Processing	ıg Fee per entr	y form if submit	tting paper reç	jistration
First Event	\$85	Paper Registra	tion Fee +	\$15.00
All Additional Events	\$25	TOTAL FEE EI		
Couples Spot per skater if only event	\$40	Checks payable to: National Sports Center		
Jump and Spin per skater if only event				
There is no family discount for this competition \$40 late fee must be included for all applications.				
Post-marked on Dec 19, 2025 or later.				
PARENT/SKATER VERIFICATION ~ must be c	ompleted <> I s	kate at this com	petition at my o	wn risk for the
Team				
		•	•	, Date
Signature of Skater	Signature of Pa	arent/Guardian		Jale
<b>COACH VERIFICATION</b> ~ must be completed <				
I understand that the coaches of competing stud				
CIRCLE JUDGE CERTIFICATION LEVEL /	Bronze Silve	er Gold Sy	nchro 2024	Update
				Date
Printed Coaches Name	Signature of Coach			
ISI Professional #	Exp date			
Email Address (primary communication method)	!			· · · · · · · · · · · · · · · · · · ·
TEAM LIASON VERIFICATION ~ must be comp		are the informatic	on on this entry	to be true and correct
TEAM EIGOON VEINI IOA HON " Must be com	notou >/ I ucui	are the initiality	AT OFFICE CITELY	
Did IN	<del></del>			Date
Printed Name	Signature		D	
Email Address				·
ISI Professional #		Expiration da	ate	

MAIL TO: NSC/Frosty Blades 1850-105th Ave NE Blaine, MN 55449