

# FROSTY BLADES 2027 ISI COMPETITION

## SYNCHRO TEAM ENTRY FORM <> Entry deadline December 15, 2026

**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 Dance
- \_\_\_\_ 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 \$20.00 PAPER REGISTRATION FEE PER TEAM ENTERED**

### Checks Payable to: National Sports Center

| SKATERS<br>NAME | AGE<br>as of 7/1/2026 | ISI<br>NUMBER |
|-----------------|-----------------------|---------------|
| 1 _____         | _____                 | _____         |
| 2 _____         | _____                 | _____         |
| 3 _____         | _____                 | _____         |
| 4 _____         | _____                 | _____         |
| 5 _____         | _____                 | _____         |
| 6 _____         | _____                 | _____         |
| 7 _____         | _____                 | _____         |
| 8 _____         | _____                 | _____         |
| 9 _____         | _____                 | _____         |
| 10 _____        | _____                 | _____         |
| 11 _____        | _____                 | _____         |
| 12 _____        | _____                 | _____         |

| SKATERS<br>NAME | AGE<br>as of 7/1/2026 | ISI<br>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 2026 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 15, 2026

Entries post marked on/after December 16, 2026 must include a \$40 late fee to process application

NSC / Frosty Blades

1850 105<sup>th</sup> Ave NE

Blaine, MN 55449

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

Or [jschaber@superrink.org](mailto:jschaber@superrink.org)