

Aliso Viejo Ice Palace
ISI Open Competition
October 23 & 24th, 2010

Endorsement #1-1576-2010

Entry Deadline: September 22nd, 2010

Name: _____ Phone: () _____ [] male [] female

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Age on 10/23/10: _____ ISI #: _____ Email _____

Highest test(s) passed by October 23rd, 2010 _____

Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the past two years? Yes _____ No _____

Please Mark the Event(s) and ISI Levels You Are Entering:

- | | |
|---|---|
| <input type="checkbox"/> Tot (Circle One) 1 2 3 4 | <input type="checkbox"/> Footwork Level _____ |
| <input type="checkbox"/> Pre-Alpha | <input type="checkbox"/> Stroking Level _____ |
| <input type="checkbox"/> Alpha | <input type="checkbox"/> Interpretive Level _____ |
| <input type="checkbox"/> Beta | <input type="checkbox"/> Compulsory Moves Level _____ |
| <input type="checkbox"/> Gamma | <input type="checkbox"/> Shoot The Duck Level _____ |
| <input type="checkbox"/> Delta | <input type="checkbox"/> Artistic Level _____ |
| <input type="checkbox"/> Freestyle Level _____ | <input type="checkbox"/> Open Freestyle Level _____ |

SPOTLIGHT Character Level _____

SPOTLIGHT Dramatic Level _____

SPOTLIGHT Light Ent Level _____

SPOTLIGHT COUPLES* Partners Name _____ Partners ISI # _____

Circle One Low Medium Intermediate High

Check One Light Ent [] Dramatic [] Character []

Entry Fees:

First Event..... \$45.00
Tots & Pre-Alpha..... \$35.00
Each Additional Event..... \$25.00

TOTAL \$ _____

DEADLINE: September 22nd, 2010

Please Make Checks Payable to Ice Palace

Sorry, No Refunds. No Cash will be accepted!

Returned Check Fee - \$25.00

If accepted, late entries must pay double fees.

I (We) assume the risks inherent in the sport of ice skating. I (We) indemnify, release, hold harmless and covenant not to sue ISI, participating rinks, their employees, coaches, contractors and volunteers.

PARENTS SIGNATURE (IF SKATER UNDER 18) HOME RINK Any changes to this original entry form will result in a change fee of \$10 per event!

Coach's Name Coach's Phone # Coach's Email

Office Use Only

Amount Paid: \$ _____ Check #: _____ Charge: _____ Name on Check : _____

Aliso Viejo Ice Palace, 9 Journey, Aliso Viejo, CA 92656

www.avicepalace.com