

Registration Postmark Deadline: February 1, 2024

(Print neatly-All information is required)

(Only Current ISI Members are eligible to participate. Competition level/highest test must be registered with ISI within 3 weeks of competition).

_____ Female Male
(First Name) (Last Name) (I.S.I Number) (Expires) (Gender)

_____ (Address) (City) (State) (Zip) (Date of Birth) Age on 3/9/2024

_____ (Area code & Phone) (E-mail) (USFS freestyle level) (ISI Highest Test Level)

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

_____ (Home Rink Name) (Rink Address) (City) (State) (Zip)

_____ (Coach's Name) (Coach's Address) (City) (State) (Zip) (ISI Number)

_____ @ _____ (Coach E-Mail) (Coach Area Code +Phone) (Coach ISI #)

INDIVIDUAL EVENTS

Highest Test Level _____

- Artistic (FS 1-10 and Open)
- Couples Freestyle (See Rulebook)
- Elements Only (Tot –Delta)
- Family Spotlight (List names on back of sheet)
- Footwork (FS 1-10 and Open)
- Interpretive (PreAlpha-FS10)
- Open Freestyle (Circle One Below)
Bronze, Silver Gold, Platinum
- Rhythmic – (Circle all that apply below) Ball
Hoop Ribbon
- Solo Freestyle Program (Tot – FS10)
- Solo Compulsories (Pre Alpha – FS10-Open)
- Special Skater Level _____
- Spiral Challenge Figures Level _____
- Shoot The Duck Challenge
- Spotlight (All Levels)
 - Character
 - Dramatic
 - Light Entertainment
- Stroking (Pre-Alpha – Delta)/ Crossovers (FS1-10)
- Hockey Shooting
- Hockey Skating
- Surprise Event Jumble

1) (I/my skater) will participate at this competition at my/our own risk 2.) We hereby release I.S.I., The Skating Club of Johnstown and all of its owners, employees, coaches, directors & volunteers from all liability. 3.) By our signature, we declare that the information on this form is true 4) The level reflects the skater's true ability 5) The level indicated has been registered with the ISI at least thirty days prior to the competition and 6) The skater is a current individual member of the ISI. There will be no refunds unless the competition is cancelled.

_____ (Skater's Signature) (Date)

_____ (Parent's Signature if skater is a minor) (Date)

_____ (Coach's Signature) (Date)

COUPLE EVENTS & DANCE

- Couple Spotlight Partner _____
- Couple Freestyle Partner _____
Partner ISI# _____
- Character Dramatic Lt. Entertainment
- Low Bronze Silver Gold Platinum

Highest Dance Test _____

Solo/Choice-Circle Chosen Dances

Dance 2 - Dutch Waltz	Dance 7 – Tango, American Waltz, Rocker Foxtrot
Dance 3 – Canasta Tango, Rhythm Blues	Dance 8 – Kilian, Blues
Dance 4 – Cha Cha, Swing Dance, Fiesta Tango	Dance 9 - Paso Doble, Starlight, Quickstep
Dance 5 – Ten Fox, Hickory Hoedown, Willow Waltz	Dance 10 –Westminster, Viennese, Argentine
Dance 6 – European Waltz, 14 Step, Foxtrot	

Choice Shadow- Partner Info & Selected Dances

Partner Name _____ ISI # _____

Dance _____

**FEES (Shirt Order Form is also due Feb 1)
(Multi-event discounts apply to this form only)**

- \$50.00 For 1st Event**
- \$15.00 each for 2nd through 6th Event** _____
- \$10.00 for 7th event and up (on this form only)** _____
- \$10.00 each – Couples Freestyle** _____
- \$ 10.00 each person for family spotlight** _____
- \$20.00 late fee (after Feb. 1)** _____
- \$30.00 for "Elements-ONLY" Event** _____
- (If you register just for this one event)**

Total Enclosed _____

Checks payable to: The Skating Club of Johnstown Mail to: 158 Bansky Ave. Johnstown, Pa 15909

Check# _____ Total # of Events: _____
Jump & Spin, Production, and Synchro Apps with Announcement