2010 ISI DISTRICT III CHAMPIONSHIPS

April 10 & 11, The Floyd Hall Arena, Little Falls , New Jersey

APPLICATION DEADLINE: MARCH 22, 2010

TEAM Entry Form (please print CLEARLY)

Name Of Group:_____

Team Coach:_____ Phone: ( )_____

Email Address of contact_____

Rink representing:_____

Address_____

Is any member of the team a USFS member, who has competed at the Novice level, or above at USFS National Championships within the last two years?_____.

We Wish to Compete in (one event per application)

- ❑ Family Spotlight
- ❑ Ensemble
- ❑ Comedy Team
- ❑ Production Team
- ❑ Kaliedoskate
- ❑ Team Interpretive
- ❑ Team Compulsories_____Level

Synchronized Skating or Synchronized Formation or Synchronized (please circle)

- ❑ Tot Team (majority of skaters 6 years and under as of 7/01/09)
- ❑ Junior Youth Team (majority of skaters 8 years and under, as of 7/01/09)
- ❑ Youth Team (majority of skaters 9-11 Years Old, as of 7/01/09)
- ❑ Senior Youth Team (majority of skaters 12-14 Years Old, as of 7/01/09)
- ❑ Teen Team (majority of skaters 14-19 Years Old, as of 7/01/09)
- ❑ Adult Team (majority of skaters 20+ Years Old, as of 7/01/09)

PLEASE ATTACH A SEPARATE SHEET LISTING ALL TEAM MEMBER NAMES, BIRTH DATES, AGES AS OF 7/01/09 AND ISI NUMBERS

Entry Fees: $20 PER TEAM MEMBER **Amount Enclosed:**_____.

I declare that the above information is accurate and that all skater's tests are registered with ISI and that these skaters are current ISI Individual Members and they are skating in the correct categories and levels. I have notified all of the skaters listed that they are skating in this event(s) at their own risk for (name of team)_____ and hereby release ISI, MIRMA, The Floyd Hall Arena and their personnel and members from all liability.

Coach's name:_____ **Signature of Coach (required)**_____.

Coach's Phone number: ( )_____ **Coach's E-mail:**_____.

Please make checks payable to: MIRMA and mail with entry form to:

MIRMA, c/o Wonderland of Ice, 123 Glenwood Avenue Bridgeport, CT 06610