



INDIVIDUAL ENTRY FORM
2017 Newark Spring Open ISI Competition
March 11-12, 2017
Endorsed by ISI

Name _____ Male _____ Female _____
Address _____
Street City State Zip
Date of Birth _____ Phone _____ Email: _____
ISI Membership Number _____ Home ISI Rink: _____

I wish to compete in the following events:

Individual Events: level Partner Events:
Tots 1-4 _____ Team Surprise (4 person)
Pre-Alpha-Delta _____ Partner Names _____
Freestyle 1-10 _____ Couples Spotlight
Solo Compulsories PA-Delta, 1-10 _____ Partner Name _____
Spotlight-List level & type _____ Couples 1-10 _____
Special Skater 1-10 & FS _____ Family Spotlight
Artistic 1-10 _____ Partner Names _____
Interpretive 1-10(Beach Party) _____
Footwork 1-10 _____ Jump & Spin Team
Open Solo Free Dance _____ Partner Name _____
Solo Ice Dance 1-10 list dances _____
Pro Partner Dance 1-10 list dances _____ Dance Partner _____
Mixed/Similar Dance 1-10 list dances _____ Dance Partner _____
Surprise Events-all levels _____ ENTRY FEES:
Rhythmic Hoop,Ball,Ribbon(circle) _____ Single Entry Tots-Delta \$35 _____
Stroking Pre-Alpha-Delta _____ Single Entry FS levels \$50 _____
Open FS-short list level _____ Family Entry Fee \$70 _____
Open FS long, list level _____ Solo Compulsories Add'l Entry \$5 _____
Interpretive Add'l Entry \$5 _____
ENTRY DEADLINE: Each additional entry \$10 _____
February 14, 2017 Late entry fee \$15 _____
Total entry fee: _____

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

WAIVER, for myself and on behalf of my heirs, personal representatives and next of kin, HEREBY RELEASE INDEMNIFY AND HOLD HARMLESS, Lou & Gib Reese Ice Arena, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, to fullest extent permitted by law. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of guardian date Signature of instructor date
Mail entry form to: Lou & Gib Reese Ice Arena 936 Sharon Valley Rd. Newark, OH 43055
Make check or money order payable to Lou & Gib Reese Ice Arena. All returned checks will be charged a \$25 fee. Entry fees are not refundable. Questions: Call us at LGRIA 740-349-6784