



## 2016-2017 ISI Synchronized Team Registration Form

This form is to be used by Synchronized Teams only to register for the 2016-17 skating season ending 8/31/17. Registration fee is **\$25 PER TEAM** (not per skater) and must be included with this form by check or with credit card details below.

All teams may designate a Team Manager so that they receive a background check and are eligible to receive a competition credential to be with that team. If more team managers are needed, an additional \$25 per individual is required. All team members will receive a crescent patch for the 2016-17 season. All new team members will also receive an "ISI Team Member" patch during their first season on the team.

Team Name (Please Print) \_\_\_\_\_ Previous ISI Team # \_\_\_\_\_

Team Contact \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Home Rink (Must be current ISI Administrative Member Facility / Club / School) \_\_\_\_\_

Team Mailing Address – This address is for: Rink / Coach / Contact (circle one) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Team Coach Name \_\_\_\_\_ New coach this year? Yes or No

ISI Professional # \_\_\_\_\_ Exp. Date \_\_\_\_\_ ISI Certification Level \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Team Manager Name \_\_\_\_\_

ISI Member # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

This team plans to compete in BOTH ISI and USFS competitions this season Yes \_\_\_\_\_ No \_\_\_\_\_

This team has competed in a USFS national event at the Novice level or above in the past 2 years Yes \_\_\_\_\_ No \_\_\_\_\_

### TEAM DIVISION:

*Note: If all the same skaters on this team skate in more than one division on the same team name, please mark all divisions that apply. If there are different names for different division teams, then a separate form & additional team fee is required for each team.*

- SYNCHRONIZED FORMATION
- SYNCHRONIZED SKATING
- SYNCHRONIZED DANCE
- ADVANCED FORMATION
- OPEN SKATING

**AGE CATEGORY:** (Age as of **July 1, 2016**) If there is no majority age group, the team must register at the next higher age category.

- TOT Majority 6 yrs. & under
- JR. YOUTH Majority 8 yrs. & under
- YOUTH Majority 9-11 yrs.
- SR. YOUTH Majority 12-14 yrs.
- TEEN Majority 14-19 yrs.
- COLLEGIATE Majority 18-25 yrs.
- ADULT Majority 20 yrs. & older
- MASTER Majority 40 yrs. & older

TOTAL NUMBER OF SKATERS: \_\_\_\_\_ # New Skaters \_\_\_\_\_ # Returning Skaters \_\_\_\_\_

**Return payment with this form or include credit card details below**

ISI / 6000 Custer Rd. Bldg. 9 / Plano, TX 75023 Tel: 972-735-8800 / Fax: 972-735-8815

For questions or additional information, please e-mail: [angela@skateisi.org](mailto:angela@skateisi.org)

Card # \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Card Exp Date \_\_\_\_\_ Card Billing Zip Code \_\_\_\_\_ Card Security No \_\_\_\_\_

Phone No \_\_\_\_\_ Email Address \_\_\_\_\_

**2016-17 ISI Synchronized Team Registration**  
*(Use this form or attach current team roster with this information)*

**Skater Name**                      **ISI #**                      **Expiration Date**                      **Age as of 7-1-2016**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

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15 \_\_\_\_\_

16 \_\_\_\_\_

17 \_\_\_\_\_

18 \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_

Team Manager(s): \_\_\_\_\_

\_\_\_\_\_

Additional:  
Team Coach Name \_\_\_\_\_ *New coach this year? Yes or No*  
ISI Professional # \_\_\_\_\_ Exp. Date \_\_\_\_\_ ISI Certification Level \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_