

ICEOPLEX SIMI VALLEY 20<sup>th</sup> ANNUAL  
ISI OPEN COMPETITION  
OCTOBER 28, 2023

SINGLE ENTRY FORM

Name \_\_\_\_\_ ISI# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age(as of 10/28/2023) \_\_\_\_\_

Highest test registered on Sept. 28, 2023 \_\_\_\_\_

Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years? YES \_\_\_\_\_ No \_\_\_\_\_

Please mark the event(s) and level(s) in which you wish to compete.

- |  |   |
|--|---|
| <input type="checkbox"/> Tots – level _____<br><input type="checkbox"/> Pre-Alpha<br><input type="checkbox"/> Alpha<br><input type="checkbox"/> Beta<br><input type="checkbox"/> Gamma<br><input type="checkbox"/> Delta<br><input type="checkbox"/> Freestyle – level _____<br><input type="checkbox"/> Compulsories – level _____<br><input type="checkbox"/> Artistic – level _____<br><input type="checkbox"/> Test Maneuvers- level _____<br><input type="checkbox"/> Special Skater – level _____<br><input type="checkbox"/> <b>Open Freestyle – level</b> _____<br><input type="checkbox"/> <b>Open FS Short - level</b> _____<br><input type="checkbox"/> Pairs – level _____ | <input type="checkbox"/> Couples-level _____<br><input type="checkbox"/> Stroking-level _____<br><input type="checkbox"/> Shoot the Duck- level _____<br><input type="checkbox"/> Spotlight – level _____<br><b>** Please circle spotlight category:</b><br>Light Ent., Dramatic, Character, Couples, Family<br><input type="checkbox"/> Jump and Spin – level _____<br><input type="checkbox"/> Footwork – level _____<br><input type="checkbox"/> Rhythmic - level _____<br><input type="checkbox"/> Open Solo Dance – level _____<br><input type="checkbox"/> Interpretive – level _____<br><input type="checkbox"/> <b>Couples Interpretive – level</b> _____ |
|--|---|

If skating in a Couples or Pair event, please fill in the required information:

Partner's Name \_\_\_\_\_ Sex \_\_\_\_\_ ISI# \_\_\_\_\_

**Each partner must turn in their own entry form and pay their fee.**

**ENTRY FEES: Entries must be received by SUNDAY OCTOBER 1, 2023. Late entries if accepted will require double fees. Credit Card, Check or Cash accepted. NO REFUNDS**

First Entry:		\$60.00 = \$ _____
Tots and Pre-Alpha:		\$45.00 = \$ _____
Each Additional Entry:	x	\$30.00 = \$ _____
Shoot the Duck		\$20.00 = \$ _____

Total Enclosed = \$ \_\_\_\_\_ Payable to \*Iceoplex\*

CC# \_\_\_\_\_ Ex. Date \_\_\_\_\_ Code \_\_\_\_\_

**Mail to: ICEOPLEX ICE ARENA**  
**131 W. Easy St.**  
**Simi Valley, CA. 93065**  
**Attn: Lauri Varvais**

I Skate this competition at my own risk and declare that the above information is true.

\_\_\_\_\_  
 (Skater or Parent signature if skater is a minor) Print Parents name Home rink

\_\_\_\_\_  
 Print Coach Name Coach Phone # and/or E-mail address

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GROUP ENTRY FORM

Name of Team \_\_\_\_\_

Home Rink \_\_\_\_\_ Team # \_\_\_\_\_

Name of Coach \_\_\_\_\_ Coach's Phone# \_\_\_\_\_

Are you an active USFS member who has competed at or above the Novice level at any USFS National Championship within the last two years? YES \_\_\_\_\_ No \_\_\_\_\_

Event:

- Synchro Form    Synchro Adv. Form    Synchro Skating    Synchro Open Skating  
 Production Team    Theater Production Team    Ensemble    Family Spotlight

Age Category (Synchro Teams only)

- Tot    Jr. Youth    Youth    Sr. Youth    Teen  
(6 & under)   (8 & under)   (9-11)   (12-14)   (14-19)

Names:	Age as of 7/1/23	ISI#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

Please attach a  
typed team  
roster

**Entry Deadline: Sunday October 1, 2023.** Late entries if accepted will require double fees.  
**Credit Card, Check or Cash accepted. NO REFUNDS**

CC# \_\_\_\_\_ Ex. Date \_\_\_\_\_ Code \_\_\_\_\_

**\$25.00 Per Skater   TOTAL ENCLOSED = \$ \_\_\_\_\_ Payable to \*ICEOPLEX\***  
I declare that all the above information is true and that all skaters have individual memberships to ISI

Team Coach: \_\_\_\_\_ Email: \_\_\_\_\_

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Simi Valley, CA. 93065  
Attn: Lauri Varvais

**BEST OF LUCK TO ALL TEAMS!**