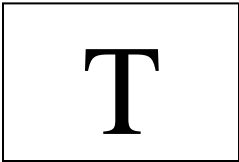# ISI

<u>2024-2025   ISI Synchronized Team Registration Form</u>

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This form is for Synchronized Teams only to register for the 2024-25 skating season. (Ending 8/31/25). The registration fee is <u>$25 PER TEAM</u> *(not per skater).*

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. An additional $25 per individual is required if more team managers are needed. All team members will receive a crescent patch for the 2024-25 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 <u>*BOTH*</u> 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_____

<u>TEAM DIVISION</u>:

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   ❑ ADVANCED FORMATION
❑ SYNCHRONIZED DANCE

<u>**AGE CATEGORY**</u>: *(Age as of **July 1, 2024**) 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.
❑	ADULT	Majority 20 yrs. & older
❑	MASTER	Majority 40 yrs. & older
❑	COLLEGIATE	Majority 18-25 yrs

TOTAL NUMBER OF SKATERS: _____   ***# New Skaters*** _____   ***# Returning Skaters*** _____

<u>*Scan/Return this form*</u>

ISI / Tel: 972-735-8800
e-mail: liz@skateisi.org

_____

Card #   Cardholder Signature

_____

Card Exp Date   Card Billing Zip Code   Card Security No

Phone No _____ Email Address_____

2024-25 ISI Synchronized Team Registration
(Use this form or attach current team roster with this information)

Skater Name	**ISI #**	**Expiration Date**	**Age as of 7-1-2024**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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_____