

SEND ENTRY AND FEE TO :
Skyrink Jakarta
Level 3 Mal Taman Anggrek
Jl. Letjen S. Parman Kav 21
Jakarta, Indonesia 11470
Tel 6221-5642888
Fax 6221-5643888
Email: skate@cbn.net.id



TEAM ENTRY FORM SKATE JAKARTA 2023 March 16-19, 2023



TEAM INFORMATION (Please fill out form CAREFULLY and COMPLETELY) - USE ONE TEAM ENTRY FORM PER ENTRY / PER TEAM

| | |
|-----------|---------------------|
| Team Name | Coach Name |
| Rink Name | Coach Email Address |
| City | Country |

USE ONE TEAM ENTRY FORM PER TEAM/ PER ENTRY- Must have complete information and signature

| | Age Category | Majority | | |
|--|--------------|----------|--|---|
| <input type="checkbox"/> Synchronized Formation Compulsories | Tot | 6 | <input type="checkbox"/> Production Team | <input type="checkbox"/> Family Spotlight |
| <input type="checkbox"/> Synchronized Formation Team | Junior Youth | 8 | <input type="checkbox"/> Pattern Team | <input type="checkbox"/> Team Surprise |
| <input type="checkbox"/> Synchronized Skating Compulsories | Youth | 9-11 | <input type="checkbox"/> Kaleidoskate Team | Low - PA - Delta |
| <input type="checkbox"/> Synchronized Skating Team | Senior Youth | 12-14 | <input type="checkbox"/> Team Compulsories: ____ level | Medium FS1-3 |
| <input type="checkbox"/> Synchronized Dance | Teen | 14-19 | <input type="checkbox"/> FS Synchro Team: ____ level | Int FS 4-5 |
| <input type="checkbox"/> Ensemble | Adult | 20 | (indicate Freestyle 1-10) | High FS 6-10 |
| | | | <input type="checkbox"/> Ensemble | |

TEAM MEMBERS (Please clearly print information Below or Attach Team Roster with Required Information)

| NAME | AGE | ISI # | NAME | AGE | ISI# |
|------|-----|-------|------|-----|------|
| 1 | | | 17 | | |
| 2 | | | 18 | | |
| 3 | | | 19 | | |
| 4 | | | 20 | | |
| 5 | | | 21 | | |
| 6 | | | 22 | | |
| 7 | | | 23 | | |
| 8 | | | 24 | | |
| 9 | | | 25 | | |
| 10 | | | 26 | | |
| 11 | | | 27 | | |
| 12 | | | 28 | | |
| 13 | | | 29 | | |
| 14 | | | 30 | | |
| 15 | | | 31 | | |
| 16 | | | 32 | | |

There will be NO REFUNDS. All memberships must be current through event.

FEES & PAYMENT

Entries must be received by Skyrink before
February 2, 2023

DOUBLE FEES APPLY AFTER THAT DATE

All Team Entries Rp. 300.000 per skater

I declare that the information above is true and that all skaters have a current individual Membership ISIA Asia or ISI. I have informed all team members that they skate at their own risk at this competition, and hereby release ISIA Asia, ISI, the rink owner, management, staff, & organizers from all liability for any accident or injury

| | | |
|-------------------|---------|---------------------------|
| Coach Signature | Date | Total Payment = Rp. _____ |
| OFFICIAL USE ONLY | PAYMENT | AMOUNT |
| | | DATE RECEIVED: |

