

19th Annual Fall ISI In-House Competition Saturday, October 11th, 2025



Skater's Last Name (Please Print)	First Name (Please Print)	ISI Member #
Email Address	Highest Test passed as of 9/10/2025	Private Coach
Phone	Sex M/F	Birth Date
	Age (as of 10/11/25)	Home Rink
		LVIC

Tot 1 – Delta <input type="checkbox"/> Tots 1 – 4 <input type="checkbox"/> Pre Alpha -Delta Program <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Interpretive Spotlight <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment Indicate Level: Tot 1-Delta	Freestyle 1 – 10 <input type="checkbox"/> Freestyle Program <input type="checkbox"/> Footwork <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Interpretive <input type="checkbox"/> Artistic Spotlight <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment Indicate Level: FS 1-10	Spotlight Couple and Family (Each Skater must turn in their own entry form and pay their own entry fees.) <input type="checkbox"/> Tots – Delta (Low) <input type="checkbox"/> FS 6 – FS 7 (Gold) <input type="checkbox"/> FS 1 – FS 3 (Bronze) <input type="checkbox"/> FS 8 – FS 10 (Platinum) <input type="checkbox"/> FS 4 – FS 5 (Silver) <input type="checkbox"/> Family Spotlight Choose: <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment Partner's Name _____ Age (As of 10/11/25) _____ Phone # _____ Sex M/F _____ ISI Number _____ Test Level _____
ISI Open Freestyle Events <input type="checkbox"/> Bronze – FS 3 & below <input type="checkbox"/> Gold Long – FS 7 & below <input type="checkbox"/> Silver – FS 5 & below <input type="checkbox"/> Platinum Short – FS 10 & below <input type="checkbox"/> Gold Short – FS 7 & below <input type="checkbox"/> Platinum FS 10 & below 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest USFS Freestyle test passed (as of 9/10/2025): _____		2 Person Jump & Spin Team <input type="checkbox"/> Tots – Delta (Low) <input type="checkbox"/> FS 6 – FS 7 (Gold) <input type="checkbox"/> FS 1 – FS 3 (Bronze) <input type="checkbox"/> FS 8 – FS 10 (Platinum) <input type="checkbox"/> FS 4 – FS 5 (Silver) Partner's Name _____ Age (As of 10/11/25) _____ Phone # _____ Sex M/F _____ ISI Number _____ Test Level _____
ENTRY DEADLINE: WEDNESDAY, SEPTEMBER 10, 2025 1 st Event – Pre-Alpha and Above \$60.00= _____ 1 st Event – Tot Levels \$50.00= _____ **Maximum ONE event entry** Total = _____ NO late entries will be accepted. Returned Check fee: \$25.00 NO REFUNDS. Please make checks payable to: Las Vegas Ice Center Return completed forms to: the Las Vegas Ice Center Front Desk OR email with card payment info to: competitions@lasvegasice.com		I skate this competition at my own risk and hereby release ISI, LVIC, their personnel, and contractors from all liabilities. Upon entering this competition, I hereby agree that any Photographs or videos taken of me may be used by LVIC. <div style="background-color: yellow; height: 20px; width: 100%;"></div> Skater's SIGNATURE (or parent if skater is under 18) _____
Card Payment Option: Credit/Debit Card # _____ CVV Code: _____ Zip: _____ Expiration Date: _____		Coach Information Coach's Name: _____ Coach's Phone #: _____ Email: _____ ISI #: _____ Judging Level: _____ SIGNATURE: _____ <div style="background-color: yellow; height: 20px; width: 100%;"></div>
		OFFICE USE ONLY: Date Received: _____