



# Las Vegas Ice Center



## 19<sup>th</sup> Annual "Red, White, and Blue" ISI Open Championships Saturday, July 4<sup>th</sup> – Sunday, July 5<sup>th</sup>, 2026

LAST Name:		FIRST Name:		ISI MEMBER #:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age (As of 7/4/2026):	Home Rink:	Highest ISI Test Registered by 5/30/2026:
Email Address (REQUIRED – PLEASE PRINT CLEARLY):			Primary Phone:	Parent Name (if under 18 yrs):
Address:		City:	State:	Zip:

<p><b>Tot 1-4 / Pre-Alpha - Delta</b></p> <input type="checkbox"/> Technical Program <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Interpretive <p><b>Spotlight</b></p> <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <p>Indicate Level: <b>Tot 1 -Delta</b></p>	<p><b>Freestyle 1 – 10</b></p> <input type="checkbox"/> Technical Program <input type="checkbox"/> Footwork <input type="checkbox"/> Solo Compulsories <input type="checkbox"/> Artistic <input type="checkbox"/> Interpretive <input type="checkbox"/> Rhythmic (H/B/R) <p><b>Spotlight</b></p> <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <p>Indicate Level: <b>FS 1-10</b></p>	<p><b>Spotlight Couple and Family</b></p> <p>(Each Skater must turn in their own entry form and pay their own fees. If more than one, please use group entry form)</p> <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 <p><b>Choose Category:</b></p> <input type="checkbox"/> Character <input type="checkbox"/> Dramatic <input type="checkbox"/> Light Entertainment <table border="1"> <tr> <td>Partner's Name:</td> <td>Age (as of 7/4/2026)</td> </tr> <tr> <td>Phone #:</td> <td><input type="checkbox"/> Male    <input type="checkbox"/> Female</td> </tr> <tr> <td>ISI Number:</td> <td>Test Level:</td> </tr> </table>	Partner's Name:	Age (as of 7/4/2026)	Phone #:	<input type="checkbox"/> Male <input type="checkbox"/> Female	ISI Number:	Test Level:
Partner's Name:	Age (as of 7/4/2026)							
Phone #:	<input type="checkbox"/> Male <input type="checkbox"/> Female							
ISI Number:	Test Level:							

**ISI Open Freestyle Events**

<input type="checkbox"/> <b>Bronze</b> – FS 3 & below	<input type="checkbox"/> <b>Gold</b> – FS 7 & below
<input type="checkbox"/> <b>Silver</b> – NO AXEL*	<input type="checkbox"/> <b>Gold Long</b> – FS 7 & below
<input type="checkbox"/> <b>Silver</b> – WITH AXEL*	<input type="checkbox"/> <b>Platinum Short</b> – FS 10 & below
*Could be combined: please see announcement for details	<input type="checkbox"/> <b>Platinum</b> – FS 10 & below
	<input type="checkbox"/> <b>Platinum Long</b> – 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?     Yes     No

Highest USFS Freestyle test passed (as of 05/30/2026): \_\_\_\_\_

**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 7/4/2026)
Phone #:	<input type="checkbox"/> Male <input type="checkbox"/> Female
ISI Number:	Test Level:

**ENTRY DEADLINE:**  
**SATURDAY, MAY 30, 2026**

1 <sup>st</sup> Event – Pre-Alpha and Above	\$60.00 = _____
1 <sup>st</sup> Event – Tots	\$40.00 = _____
Each Additional Event* x _____	\$40.00 = _____
<b>(MAX 4 TOTAL EVENTS INC. GROUPS)</b>	
<b>Total</b>	<b>= _____</b>

Late or incomplete entries, if accepted will be charged a double fee.

Returned Check fee: \$25.00. NO REFUNDS.

**Please make checks payable to: Las Vegas Ice Center**

Return forms to: Las Vegas Ice Center, Attn: Vassili Mourzine  
9295 West Flamingo Road, Ste. 130  
Las Vegas, NV 89147

**Forms may be emailed to competitions@lasvegasice.com**

**REQUIRED Coach Information:**

I declare that the above is true and that this skater's test(s) is/are registered, that the skater is a current individual member of ISI, and is skating in the proper categories and level. I am expected to be certified and sign-up to judge or I will purchase a coach credential for this competition.

Coach's Name:	Phone:
Email:	
ISI Number:	Judging Level:
<b>Coach Signature (REQUIRED):</b> _____	

**REQUIRED Skater/Parent Signature:**

I declare that the above is true and that the skater is registered with ISI. I skate this competition at my own risk and hereby release ISI, LVIC, their personnel and contractors from all liabilities. By entering this competition, I agree that any photos or videos taken of me may be used by LVIC.

**Skater/Parent Signature (if under 18yrs old):** \_\_\_\_\_

**Credit/Debit Card Payment:**

Credit/Debit Card # \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_



# Las Vegas Ice Center



**18<sup>th</sup> Annual "Red, White, and Blue" ISI Open Championships**  
**Saturday, July 5<sup>th</sup> & Sunday, July 6<sup>th</sup>, 2026**

## GROUP ENTRY FORM

(For events with 3 or more skaters)

<b>Name of Team:</b>	<b>Home Rink:</b>	<b>ISI Team #:</b> <small>(Synchro Teams Only)</small>
<b>Name of Team Coach:</b>	<b>Team Coach ISI Member #:</b>	<b>Team Coach Judging Level:</b>
<b>Email Address (REQUIRED – PLEASE PRINT CLEARLY):</b>	<b>Primary Phone:</b>	<b>Alternate Phone:</b>
<b>Name of Assistant Coach:</b>	<b>Assistant Coach Email:</b>	

### Group Events

- Family Spotlight
- Ensemble Team (3-7 Skaters)
- Production Team (Min 8 skaters)
- Theatre Production (Min 8 skaters)

Entry Deadline:

**Saturday, May 30, 2026**

Number of skaters: \_\_\_\_ @ \$25

**Total Enclosed:** \_\_\_\_\_

Make checks payable to:

**"Las Vegas Ice Center"**

Late entries, if accepted, will be charged a double fee. No refunds.

Returned check fee: \$25.

Mail entry form and payment to:

**Las Vegas Ice Center**  
**Attn: Vassili Mourzine**  
**9295 W. Flamingo Rd, Ste. 130**  
**Las Vegas, NV 89147**

OR Email form with Credit/Debit card payment info to:  
competitions@lasvegasice.com

#### Credit/Debit Card Payment:

Credit/Debit Card #

CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_

✓ Indicate any team member who has competed at or above the Novice level at any USFS National Championship within the last two years

<b>Name</b>	<b>Age</b> <small>(On 7/1/25)</small>	<b>ISI #</b>	<b>USFS?</b>
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24.			

#### **REQUIRED – Team Coach Signature**

I declare that all the information above is true and that these skater's tests are registered, all skaters are current individual members of ISI, and they are skating in the proper category and level. I have notified my team and parents that we skate this competition at our own risk and hereby release ISI, LVIC, their personnel and contractors from all liabilities. I also agree that any photographs or videos taken of our team/skaters can be used by LVIC.

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_