

20th Annual Fall ISI In-House Competition Saturday, October 24th, 2026



LAST Name:		FIRST Name:		ISI MEMBER #:	
☐ Male ☐ Female	Date of Birth:	Age (As of 10/24/2026):	Home Rink: LVIC	Highest ISI Test Registered by 9/30/2026:	
Email Address (REQUIRED – PLEASE PRINT CLEARLY):			Primary Phone:		Parent Name (if under 18 yrs):
Address:		City:		State:	Zip:

Tot 1 – Delta ☐ Technical Program ☐ Solo Compulsories ☐ Interpretive Spotlight ☐ Character ☐ Dramatic ☐ Light Entertainment Indicate Level: Tot 1-Delta	Freestyle 1 – 10 ☐ Technical Program ☐ Footwork ☐ Solo Compulsories ☐ Interpretive ☐ Artistic Spotlight ☐ Character ☐ Dramatic ☐ 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.) ☐ Tots – Delta (Low) ☐ FS 6 – FS 7 (Gold) ☐ FS 1 – FS 3 (Bronze) ☐ FS 8 – FS 10 (Platinum) ☐ FS 4 – FS 5 (Silver) ☐ Family Spotlight Choose: ☐ Character ☐ Dramatic ☐ Light Entertainment Partner's Name _____ Age (As of 10/24/26) _____ Phone # _____ Sex M/F _____ ISI Number _____ Test Level _____ 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 9/30/2026): _____ REQUIRED Skater/Parent Signature: 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. _____ Skater's SIGNATURE (or parent if skater is under 18)
ISI Open Freestyle Events ☐ Bronze – (1:30 minutes) ☐ Gold – (2:00 minutes) ☐ Silver – NO AXEL* (2 min) ☐ Gold Long – (3:00 minutes) ☐ Silver – WITH AXEL* ☐ Platinum Short – (2:50 minutes) *Could be combined: please See announcement for details ☐ Platinum – (3:20 minutes) ☐ Platinum Long – (4:30 minutes)		
ENTRY DEADLINE: WEDNESDAY, SEPTEMBER 30, 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		
Card Payment Option: Credit/Debit Card # _____ CVV Code: _____ Zip: _____ Expiration Date: _____		
Coach Information Coach's Name: _____ Coach's Phone #: _____ Email: _____ ISI #: _____ Judging Level: _____ SIGNATURE: _____ OFFICE USE ONLY: Date Received: _____		