



Send Entry Form & Fees to:
 Sunway Pyramid Ice
 LG3 – Sunway Pyramid Mall
 Bandar Sunway, Malaysia
 Tel: (603) 7492 6800
 Fax: (603) 7492 2808
 Website: www.skatemalaysia.com.my

TEAM ENTRY FORM

SKATE MALAYSIA 2010

30 JUNE - 3 JULY 2011



Please Print:

Name of Group / Name for Program Book	Coach Name
Rink Name	Coach E-mail Address
City	Country

USE ONE TEAM ENTRY FORM PER TEAM / PER ENTRY – Must have complete information & signature.

- | | | |
|--|--|---|
| <input type="checkbox"/> Synchronized Formation Compulsories | <input type="checkbox"/> Production Team | <input type="checkbox"/> Ensemble |
| <input type="checkbox"/> Synchronized Formation Team | <input type="checkbox"/> Pattern Team | <input type="checkbox"/> Family Spotlight |
| <input type="checkbox"/> Synchronized Skating Compulsories | <input type="checkbox"/> Kaleidoskate Team | <input type="checkbox"/> Team Surprise |
| <input type="checkbox"/> Synchronized Skating Team | <input type="checkbox"/> Team Compulsories: _____ Level* | |
| <input type="checkbox"/> Synchronized Dance | <input type="checkbox"/> FS Synchro Team: _____ Level* | |
- *(Indicate Freestyle Level 1-10)

Age group divisions will be determined based on entries received for each event.

NAME	Age as of June 30, 2011	ISI #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

NAME	Age as of June 30, 2011	ISI #
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		

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

I declare that the information above is true and that all skaters have a current Individual or Professional Membership in ISIAAsia or ISI-USA. I have notified all team members that they skate at their own risk at this competition, and hereby release ISIAAsia, ISI-USA, the rink owner, management, staff, & event organizers from all liability for any accident or injury.

FEES & PAYMENT:

Entries must be received by May 30, 2011.

DOUBLE FEES APPLY AFTER THAT DATE.

All Team Entries USD\$ 25 Per Skater

TOTAL PAYMENT = RM _____

Coach Signature – *Please Print Name* _____ Date _____

OFFICIAL USE ONLY: Payment: _____ Amount: _____ Date Received: _____