

TEXAS HILL COUNTRY INDEPENDENCE OPEN

June 29-30, 2024

INDIVIDUAL ENTRY FORM

Hosted by Stars of Austin FSC and held at Ice & Field at The Crossover

1717 Scottsdale Dr, Cedar Park, TX 78641

NAME _____ Sex _____ Age as of 06/29/24 _____ Birthdate _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Telephone (____) _____ ISI # _____ Exp date: _____ Highest Test Passed _____

Mark here if this is a Special Skater Entry _____ e-mail: _____

LEVELS: Please write the level in the categories in which you want to compete. This level must be your highest test passed and registered with ISI **before May 10, 2024.**

TOT 1-4	PREALPHA - DELTA	FS 1 - 10	OPEN FREESTYLE Bronze/Silver/Gold/Plat	OPEN FREESTYLE SHORT Bronze/Silver/Gold/Plat
ARTISTIC 1 - 10	FOOTWORK 1 - 10	RHYTHMIC FS 1 -1 0 Ball / Hoop / Ribbon	INTERPRETIVE FS 1- 10	SPOTLIGHT TOTS - FS 10 Lt Ent / Drama / Charact
COUPLES SPOTLIGHT Low/Bronze/Silver/Gold/Plat Lt Ent / Drama / Charact	STROKING ALPHA - DELTA	DANCE 1-10 SOLO OR COUPLE	SOLO COMPULSORIES Pre Alpha -FS 10	JUMP AND SPIN EVENT Low/Bronze/Silver/Gold/Plat

Are you an active member who has competed at or above the Novice Level at ANY USFS National Championships within the last 2 years? Yes or No (please circle)

Couples Spotlight Partner's Name: _____ Age: _____ Male or Female

Couples or Pairs Partner's Name: _____ Age: _____ Male or Female

Dance Partner's Name: _____ Age: _____ Male or Female

Jump/Spin Partner's Name: _____ Age: _____ Male or Female

ENTRY FEES: \$70.00 Single event \$ _____

\$25.00 Each Additional event (\$25 x _____) \$ _____

\$120.00 Family Entry (first event per family member up to 2 members) \$ _____

Total attached: \$ _____

Any changes to the original entry form will result in a change fee of \$20.00

Entries must be received no later than May 10, 2024

Home Rink Representing: _____

Print Coach Name: _____ ISI Associate # _____

Coach Email: _____ Coach Judge Level: _____

****Make checks payable to SAFSC (Stars of Austin FSC)** NO REFUNDS. Late entries if accepted will be charged DOUBLE.**

Credit Card Type (please circle) VISA M/C AMEX DISCOVER ****AN EXTRA \$5 WILL BE CHARGED FOR CREDIT CARD****

Print Name on Card _____ Credit Card Number _____

Exp. Date _____ CVC _____ Signature _____

Skater assumes the risk of skating and agrees that SAFSC, Chaparral Ice and its staff are not responsible for injury to skater or for loss or damage to any personal property. At all times, the skater shall be fully liable for personal injury and property damage incurred while in the Premises, and skater agrees to defend and hold Chaparral Ice, its officers, agents and employees harmless against any and all liability for claims, demands and causes of skater's use, maintenance and operation of the Facilities or otherwise upon the Premises or from Licensor's negligence during the course of this competition.

X _____

X _____

Parent / Skater (parent must sign if skater under 18)

Coach's Signature (the above information is true and accurate)

Entry forms and payment send directly to Dawn Dudley Email: hillcountrycompetition@gmail.com

SAFSC - Attn: Dawn Dudley 4124 Lake Edge Way Pflugerville, TX 78660 (512) 773-9589