

TEXAS HILL COUNTRY INDEPENDENCE OPEN

June 28-29, 2025

TEAM ENTRY FORM

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

1717 Scottsdale Dr, Leander, TX 78641

TEAM NAME _____ RINK NAME: _____ ISI TEAM # _____

Coach Name: _____ Coach ISI # _____ Coach Phone # _____

Coach Email: _____ Coach Certification Level: _____

LEVELS: Please check the category in which you want to compete. Please use one form for each team entered!

Circle Team Division: Tot Jr. Youth Youth Sr. Youth Teen Adult

SYNCHRONIZED FORMATION	SYNCHRONIZED SKATING	SYNCHRONIZED ADVANCE FORM.	FREESTYLE SYNCHRO	SYNCHRONIZED DANCE	FAMILY SPOTLIGHT
SYNCHRONIZED FORM. COMP	SYNCHRONIZED SKATING. COMP	SYNCHRONIZED OPEN SKATING	PRODUCTION TEAM	TEAM COMPULSORIES	ENSEMBLE

Reminder Age is as of July 1, 2024 (for the 2024-2025 competitive season)

Skater's Names: Age: ISI # Skater's Names: Age: ISI #

- | | |
|----|-----|
| 1. | 9. |
| 2. | 10. |
| 3. | 11. |
| 4. | 12. |
| 5. | 13. |
| 6. | 14. |
| 7. | 15. |
| 8. | 16. |

(Use back of this form for additional skaters over 16.)

ENTRY FEES: Total attached: \$ _____ \$25.00 per skater

Entries must be received no later than May 7, 2025

****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 \$10 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, Ice & Field, The Crossover 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 Ice & Field, The Crossover, 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 _____ Date: _____

Coach's Signature

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