

Production Team Registration Form Keystone State Games 2010

NOTE: We will be using the 2010 ISI Handbook for this event. Please use a separate form for each team.

Name of Arena: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Team: _____ Coaches ISI # _____

Number of Skaters (include Alternates) _____ Age Division: _____

Entry Fees: \$10.00 per team member.

Make one check payable to: "Keystone State Games", PO Box 1166, Wilkes-Barre, PA 18703

As the team coach I, _____ verify that all of the information submitted on behalf of the Signature of team coach team is accurate, as of _____ and that all skaters are current members of ISI. We skate this competition

Date at our own risk for : _____

Age for Production Teams is as of **Dec. 1, 2009**.

Home Arena **Team Coach** _____ **Coach's Phone#**() _____ **Email** _____

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

Name	Age	ISI #	Name	Age	ISI #
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		

Synchronized Skating Registration Form Keystone State Games 2010

NOTE: We will be using the 2010 ISI Handbook for this event. Please use a separate form for each team.

Name of Arena: _____

Address: _____ City _____ State _____ Zip _____

Name of Team _____ Coaches ISI Team # _____

Number of Skaters (include Alternates) _____

Age Divisions: (check appropriate)

_____ Tots (Majority 6 and under)

_____ Formation

_____ Jr. Youth (Majority 8 & under)

_____ Compulsories

_____ Youth (Majority 9-11)

_____ Teen (Majority 14-19)

_____ Sr. Youth (Majority 12-14) Skating Team

_____ Adult (Majority 20 & over)

Entry Fees: \$10.00 per team member.

Make one check payable to: "Keystone State Games" PO Box 1166, Wilkes-Barre, PA 18703

As the team coach I, _____ verify that all of the information submitted on behalf of the Signature of team coach team is accurate, as of _____ and that all skaters are current members of ISI. We skate this competition at our own risk for : _____

Age for Synchronized Teams is as of **Dec. 1, 2009**.

Home Arena **Team Coach** _____

Coach's Phone () _____

E-mail _____

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

Name	Age	ISI #	Name	Age	ISI#
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		