PRAIRIE POLAR BLAST 2023
INDIVIDUAL ENTRY FORM

Name_____ **Telephone**_____ **Gender**_____
Address_____ **Age as of 2/25/23**_____ **Birthdate**_____
City_____ **State**_____ **Zip**_____
Home Rink_____ **Email Address** _____
ISI Membership #_____ **Exp**_____ **ISI Level Passed**_____ **USFS Level**_____ **Ice Dance Level**_____
Are you an active member of USFS that has competed at or above the Novice Level at any USFS National Championship within the last 2 yrs? Yes_____ No_____

Please fill in the events you wish to compete in.

Tot– Delta Program:
____Tot (1-4) ____ Pre- Alpha
____Alpha ____Beta
____Gamma ____ Delta

Freestyle 1 -10
____FS Level

Compulsory Tot – FS 10
____ Level

Stroking Pre Alpha – FS 3
_____Level

ISI Open FS Events
____Bronze FS1-3
____Silver FS 4-5
____Gold FS 6-7
____Gold Short FS 6-7
____Platinum FS 8-10
____Platinum Short FS 8-10
____Platinum Plus FS 8-10

Spotlight Solo Tot– FS 10
____Character ____Dramatic
____Light Entertainment
_____ Level

Couples Spotlight: Partner_____
____Low ____Bronze
____Silver ____Gold ____Platinum

Footwork FS 1-10
____Level

Rhythmic FS 1-10
_____Level
____ Ball ____ Ribbon
____ Hoop

Interpretive Tot -FS 10
_____Level

Jump & Spin
Partner_____
____Low ____Bronze
____Silver ____Gold ____Platinum

Artistic FS1-10
____ Level

Entry Fees:

First Figure Skating Event	$75.00*
Each Additional Event	$15.00*
Partner Event (per skater if only event)	$30.00*
Late Fee (if postmarked after 1-13-23)	$25.00*
Paper registration fee	$10.00

TOTAL FEE ENCLOSED $_____
*District 10 fee included

Make checks payable to: BFSC and give to your Team Liaison along with this form to mail by January 13, 2023 to Prairie Polar Blast, c/o Victoria Dubbelde, 802 Candlewood Ln, Brookings, SD 57006

Parent/Skater Verification (Must be completed)
I skate at this competition at my own risk for the _____Team.
I release ISI, the host rink, and their personnel from all liability.

_____ _____ _____
Signature of skater **Signature of Parent/Guardian** **Date**

Coaches Verification: (Please circle level)
I declare the information on this entry form to be true and correct. I understand that coaches of competing students are required to serve as competition judges.
I have passed the ISI Judges Certification Test Level: Gold Silver Bronze Group Update

Signature_____ **Phone**_____
Printed Coach Name: _____
ISI Professional# _____ **Expires**_____ **E mail address**_____

Team Liaison Verification: (Must be completed fully)
I declare the information on this form to be true and correct.
Printed Name_____ **ISI Professional #**_____ **Expires** _____
Signature_____ **Phone#**_____
Address_____ **City**_____ **State** _____ **Zip**_____
Email Address_____