



## 2019 2<sup>nd</sup> Winter Challenge

## ENTRY FORM

Name of Skater		ISAI Membership Number
Email Address		Telephone Mobile Number
Main Coach		Current Test Level
<b>Competition Event number</b>	<b>Competition Description</b>	<b>Cost</b>
<b>TOTAL PAYMENT</b>	<b>ISAI Account Details</b> <b>IBAN: IE53 BOFI 900252893505 75 BIC: BOFIIIE2D</b>	

**I agree to abide by the Rules and Regulations of ISAI and confirm that I have read the competition announcement and accept. I understand and accept all risks involved with ice skating.**

Skater's Signature	Parent's Signature if skater is under 18	Date
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**CLOSING DATE 6<sup>th</sup> JANUARY 2019**  
 Forms email to [info@isai.ie](mailto:info@isai.ie)