

Prairie Polar Blast - Feb. 21 – 22, 2026 Larson Ice Center 934 32nd Ave, Brookings, SD 57006

Individual Entry Form

Name _____ Birthdate _____ Sex _____
Email _____ Phone _____
Address _____ City, State, Zip _____
Highest ISI Test Passed _____ Highest Ice Dance Test passed _____
ISI # _____ Exp. Date _____ Home rink _____ Highest
USFS Freestyle Test Level _____ Are you an active member who has competed at or above the
Silver Level at any USFS National Championship within the last two years? ____ Yes ____ No

EVENT LEVEL

____ Tot Compulsory
____ Tot Program

TOT 1 – 4, PRE-ALPHA – DELTA EVENTS

____ Character Spotlight ____ Pre-Alpha - Delta Program
____ Light Entertainment Spotlight ____ Pre-Alpha - Delta Stroking
____ Dramatic Spotlight ____ Pre-Alpha - Delta Interpretive

EVENT LEVEL

____ Freestyle Program
____ Character Spotlight
____ Light Entertainment Spotlight
____ Dramatic Spotlight
____ Interpretive
____ Footwork

FREESTYLE 1 – 10 EVENTS

____ Artistic ____ Open Bronze
____ Rhythmic Hoop ____ Open Silver
____ Rhythmic Ball ____ Open Gold Short
____ Rhythmic Ribbon ____ Open Gold
____ Solo Compulsory ____ Open Platinum Short
____ Stroking FS 1 - 3 ____ Open Platinum ____
Open Platinum Plus

PARTNER EVENTS

Jump and Spin

____ Low (Tot-Delta) ____ Bronze(FS 1-3) ____ Silver(FS 4-5) ____ Gold(FS 6-7) ____ Platinum(FS 8-10)

Partner's Name _____ ISI number _____ **Couples**

Spotlight

____ Low (Tot-Delta) ____ Bronze(FS 1-3) ____ Silver(FS 4-5) ____ Gold(FS 6-7) ____ Platinum(FS 8-10)

Partner's Name _____ ISI number _____

Entry Fees *Checks payable to BFSC received by Jan. 9, 2026

First Event \$90
Each Additional Event \$20 # of Individual events _____
Partner Additional Event \$20 # of partner events _____
Partner ONLY Event \$50 (each skater if only event for both)
Paper Processing Fee \$25

Late Fee (RECEIVED after 1/9/2026) \$25

Total Fee \$ _____

Parent and Skater Verification Date _____

I skate at this competition at my own risk, I release ISI, Brookings FSC, their personnel, and Larson Ice Center from all liability. Skater Signature _____ Parent Signature _____

Coach Name _____ ISI # _____ Certification Level _____

Coach Phone _____ Coach email _____ Coach

Signature _____

Team Liaison Name _____ ISI # _____ Certification Level _____

Team Liaison Signature _____ Team Liaison email _____