



Preliminary Entry Form

To be sent before: November 23th, 2015.

Name of Team: _____

List of Participants:

	SENIOR:	JUNIOR:	OFFICIALS:
LADIES:	0	0	0
MEN:	0	0	0

Relay participation:	SENIOR:		JUNIOR:	
	YES:	NO:	YES:	NO:
LADIES:	-	-	-	-
MEN:	-	-	-	-

Date of Arrival: _____ Date of Departure: _____

Contact Person: _____ E-mail: _____

Phone number: _____ Fax number: _____

	Name	Given Name	Date of birth DD/MM/YY
LADIES			
MEN			

Date: _____

FINAL ENTRY FORM

This form must be returned before: December 1st, 2015.

Name of ISU Member:

Number of participants:

LADIES:

MEN:

Number of officials:

LADIES:

MEN:

TEAM SKATERS:

	Name	Given Name	Date of birth DD/MM/YY	Categories	Personal best (500m)
LADIES					
MEN					

Team Officials:

Function	Name	Given Name	Sex
Team Leader			
Coach			
Medical Staff			

Contact Person:

E-mail:

Phone number:

Fax number:

Date: