

Official Entry – Form 2

PLEASE RETURN THIS FORM LATEST JANUARY 11, 2023

Please fill in with computer or write with capital letters!

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|--------------------------------------|--|
| ISU MEMBER FEDERATION | |
| NAME OF THE CLUB | |
| ADDRESS OF THE CLUB | |
| PHONE/MOBILE | |
| E-MAIL | |
| | |
| NAME OF THE TEAM | |
| CATEGORY | |
| NUMBER OF SKATERS | |
| | |
| TEAM MANAGER / CONTACT PERSON | |
| PHONE / MOBILE | |
| E-MAIL | |

| | |
|------------------------|-------------------|
| PLACE AND DATE: | SIGNATURE: |
| | |

We will appreciate you will return this form as soon as possible!

Send to Organizing Committee: oc@utesynchrocup.com