

Team Entry – Form 3

PLEASE RETURN THIS FORM LATEST JANUARY 11, 2023

Please fill in with computer or write with capital letters!

ISU MEMBER	
TEAM NAME	
CATEGORY	
TEAM MANAGER	
COACH	
ASSISTANT COACH	
CHAPERON 1	
CHAPERON 2	

Competitors list in alphabetical order, indicate the team captain with "C", male skaters with "M"

	NAME	FIRST NAME	DATE OF BIRTH	CITIZENSHIP
1				
2				
3				
4				
5				
6				
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11				
12				
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14				
15				
16				
17				
18				
19				
20				

Please join a picture of the team to this entry form.
We will appreciate you will return this form as soon as possible!

Send to Organizing Committee: oc@utesynchrocup.com