

TEAM ENTRY

Please fill in with type or write in capital letters.

DEADLINE DECEMBER 23rd, 2023

ISU Member: _____

Team Name: _____

Category: SENIOR Elite 12 JUNIOR NOVICE ADVANCED

Country: _____

Team Manager: _____

Coach: _____

Chaperons (max 2) : _____

Medical (max 2) : _____

Competitors list in alphabetical order. **Please indicate the Team Captain with "*"**

Name: (please indicate male skaters with <u>M</u>)	Date of Birth			Citizenship
	D	M	Y	

Return to:
Organizing Committee - International French Cup
 R.O.C Centre Sportif Guy Boissière - Esplanade du Docteur Duchêne
 Ile Lacroix 76100 Rouen - FRANCE
 E-Mail : contact@frenchcup.fr



The undersigned ISU Member Association hereby certifies that the above mentioned Team is eligible in accordance with ISU Regulations.

Place and Date:	Signature:
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