



**Preliminary Entry Form**

**Partecipazione Annouce**

**PLEASE RETURN THIS FORM BEFORE 15th November, 2010**

<b>ISU MEMBER :</b> _____		
<b>Country:</b> _____		
<b>N° of Partecipating Teams:</b>	<b>NOVICE</b>	
	<b>JUNIOR</b>	
	<b>SENIOR</b>	
<b>Estimated number of people including Coaches, Manager and Staff (max 5 persons for each team):</b> _____		

<b>N° JUDGE/S:</b>		
<b>Estimated date of arrive:</b>		
<b>Estimated date of departure:</b>		

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>

**We will appreciate you will return this form as soon as possible to:**

**SPRING CUP 2010-ORGANIZING COMMITTEE**  
**Via Pasubio, 12 - 20066 MELZO (Mi), Italy**

**e-mail: [springcup@precisionskating.it](mailto:springcup@precisionskating.it)**

If not possible, please fax it to the following number: +39 039 97 16 559

**TEAM ENTRY****Form N°1***Please fill it in type or write in capital letters.*

ISU Member: \_\_\_\_\_

Team Name: \_\_\_\_\_

Category:  SENIOR  JUNIOR  NOVICE | Country: \_\_\_\_\_

Team Manager: \_\_\_\_\_

Coach: \_\_\_\_\_

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	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

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

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>
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## TEAM CONTACT

**Form N. 2**

*Please fill it in type or write in capital letters.*

**PLEASE NOTE: THIS FORM IS VERY IMPORTANT  
TO ENABLE A PROMPT INFORMATION EXCHANGE**

**Team Name:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Web-site:** \_\_\_\_\_

**Club Address:** \_\_\_\_\_

**Team Manager : (Mr. Mrs. Miss)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Team Leader : (Mr. Mrs. Miss)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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**JUDGES/REFEREES/TECHNICALS/OPERATORS ENTRY***Please fill it in type or write in capital letters.*

ISU MEMBER: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

NOMINATED JUDGE: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

**ARRIVAL**

Time and date of arrival : \_\_\_\_\_

Arrival by :  Plane  Train  Bus  Car |

Place of arrival:

Airport: \_\_\_\_\_ Flight number: \_\_\_\_\_

Station: \_\_\_\_\_ Train from: \_\_\_\_\_

Bus Station: \_\_\_\_\_ Bus from: \_\_\_\_\_

Other: \_\_\_\_\_ Car from: \_\_\_\_\_

**DEPARTURE**

Time and date of arrival : \_\_\_\_\_

Arrival by :  Plane  Train  Bus  Car |

Place of arrival:

Airport: \_\_\_\_\_ Flight number: \_\_\_\_\_

Station: \_\_\_\_\_ Train from: \_\_\_\_\_

Bus Station: \_\_\_\_\_ Bus from: \_\_\_\_\_

Other: \_\_\_\_\_ Car from: \_\_\_\_\_

**PLEASE LET'S KNOW IF YOU TRAVEL TOGETHER WITH THE TEAM**  
**GIVE US DETAILED INFORMATIONS IN ORDER TO ORGANIZE YOUR TRANSFER FROM/TO AIRPORT**  
**IN THE BEST WAY POSSIBLE**

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>

**Return to: SPRING CUP 2010-ORGANIZING COMMITTEE****Via Pasubio, 12 - 20066 MELZO (Mi), Italy****e-mail: [springcup@precisionskating.it](mailto:springcup@precisionskating.it)**

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## MUSIC AND PRESS INFORMATION Form N. 4

*Please fill it in type or write in capital letters.*

ISU MEMBER: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TEAM: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_

CATEGORY:     SENIOR     JUNIOR     NOVICE    |

### SHORT PROGRAM

	Music	Composer	Time (min)
1			
2			
3			

### FREE PROGRAM

	Music	Composer	Time (min)
1			
2			
3			

### TEAM INFORMATIONS: MAIN RESULTS

National Championships	2006	2007	2008	2009
International Competitions	2006	2007	2008	2009

**NOTE: A TEAM PICTURE IS REQUIRED FOR PRESS.**

**PLEASE SEND IT TOGETHER WITH THE ENTRY FORM**

**The requested informations will be used for press and media (see Form 8).**

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>
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**TEAM TRAVEL INFORMATION****Form N. 5****Please fill it in type or write in capital letters.**

ISU MEMBER: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

CATEGORY:  SENIOR  JUNIOR  NOVICE

NUMBER of PEOPLE: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_

DEPARTURE DATE : \_\_\_\_\_

TIME OF DEPARTURE: \_\_\_\_\_

YOUR HOTEL ADDRESS: \_\_\_\_\_

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>
<b>Return to:</b> <b>SPRING CUP 2010-ORGANIZING COMMITTEE</b> Via Pasubio, 12 - 20066 MELZO (Mi), Italy e-mail: <a href="mailto:springcup@precisionskating.it">springcup@precisionskating.it</a> If not possible send by Fax to the n° +39 039 97 16 559		

**PAYMENT SUMMARY****Form N. 6**

Please fill it in type or write in capital letters.

TEAM NAME: \_\_\_\_\_

CATEGORY:  SENIOR  JUNIOR  NOVICE | \_\_\_\_\_

COUNTRY: \_\_\_\_\_

ENTRY FEE	Price		
SENIOR/JUNIOR TEAM	€ 390,00		
NOVICE TEAM	€ 370,00		
<b>EXTRA PRACTICE ICE</b>			
	Price	Number of Blocks to be reserved	
<b>PALASESTO ARENA</b> Each <b>30 MIN</b> block	€ 140,00	.....	
<b>LECCO PALATAURUS</b> Each <b>30 MIN</b> block	€ 130,00	.....	
<b>TOTAL AMOUNT (Euro)</b>			

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>
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## **MEDICAL NOTIFICATION**

**Form N. 7**

This form is valid for this Competition only

**THIS FORM, COMPLETED IN ALL PARTS, MUST BE HANDED OVER AT THE TIME OF REGISTRATION AT THE REGISTRATION DESK.**

**Please fill it in type or write in capital letters**

This form should be completed and submitted to the Medical Advisor or Official in charge of Doping Control before the competition begins.  
Permitted Beta-2 agonists and substances of Class 111 of the IOC list doping classes and methods must be reported to the doping control chairman in accordance with ISU Rule 139 par 9 (d) and the ISU Medical Code 1.2.3 par (c)

**TEAM NAME:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**SKATER'S NAME:** \_\_\_\_\_

**CATEGORY:**  SENIOR  JUNIOR  NOVICE

**Accreditation/Passport Number:** \_\_\_\_\_

**Name of Substance(s) (Generic) including dosage and frequency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Route and Date(s) of Administration:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

The Undersigned confirms to have administrated for medical reasons the above substance(s) to:

**Name of Skater:** \_\_\_\_\_

**Team Physician / Skaters Doctor - Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Place & Date:** \_\_\_\_\_

**Date of submission to the ISU Medical Advisor / Official in charge of the Anti-Doping Control**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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## **PUBLICITY WAIVER**

**Form N. 8**

**Please fill it in type or write in capital letters.**

**DEADLINE FOR RETURN 15th Dec, 2010 (see Announcement)**

Members, Teams and Competitors acknowledge and consent to the fact that the Spring Cup 2010 may be televised either in whole or in part, for showing on a worldwide basis.

According to the ISU Rule 131 (Constitution and General Regulations Edition 2006) by entering, both Member and Competitors -in this particular case, Teams- hereby certify and warrant that the music and choreography presented and used by the competitor have been fully cleared and authorized for public use; they consent to the use of his or her name, biography and likeness on or in connection with any television or radio program broadcast and re-broadcast throughout the world, motion picture, print media or the advertising and publicizing of such program, without further clearances or any kind of payment on the part of the ISU, the organizing Member Federazione Italiana Sport Ghiaccio, the Organizing Committee and the relevant television network or broadcasters being required.

We are aware of the ISU Rule 131 and I hereby certify compliance with Rule 131 ISU General Regulations, Edition 2006.

Date: \_\_\_\_\_

\_\_\_\_\_  
**TEAM MANAGER**

Name in Block Letters

\_\_\_\_\_  
**TEAM LEADER**

Name in Block Letters

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**ISU MEMBER:**

\_\_\_\_\_  
**COUNTRY:**

**TEAM NAME:** \_\_\_\_\_

**CATEGORY:**    **SENIOR**    **JUNIOR**    **NOVICE**   |

Place & date	Signature	Title
<b>Return to:</b> <b>SPRING CUP 2010-ORGANIZING COMMITTEE</b> <b>Via Pasubio, 12 - 20066 MELZO (Mi), Italy</b> <b>e-mail: <a href="mailto:springcup@precisionskating.it">springcup@precisionskating.it</a></b> If not possible send by Fax to the n° +39 039 97 16 559		



## **PLANNED PROGRAM CONTENT**

## **Form N. 9**

*Please fill it in type or write in capital letters.*

**THIS FORM MUST BE RETURNED BEFORE 25.01.2010**

Competition: **SPRING CUP 2010**

Team name:	
Nation:	<b><u>FREE SKATING</u></b>

### **ELEMENTS IN ORDER OF SKATING DURING THE PROGRAM**

1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16		32	

**PLEASE FILL IN SEPARATE FORMS FOR THE SHORT PROGRAM AND FREE SKATING**

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## **PLANNED PROGRAM CONTENT**

**Form N. 9B**

*Please fill it in type or write in capital letters.*

**THIS FORM MUST BE RETURNED BEFORE 25.01.2010**

Competition: **SPRING CUP 2010**

Team name:	
Nation:	<b><u>SHORT PROGRAM</u></b>

### **ELEMENTS IN ORDER OF SKATING DURING THE PROGRAM**

1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16		32	

**PLEASE FILL IN SEPARATE FORMS FOR THE SHORT PROGRAM AND FREE SKATING**

Return to: **SPRING CUP 2010-ORGANIZING COMMITTEE**  
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**ANTARES HOTEL CONCORDE**  
**VIALE MONZA, 132 - 20127 MILANO**  
**TEL. 02.26112020 - FAX 02.26147879 - concorde@antareshotels.com**

## SPRING CUP 2010 - RESERVATION FORM

TEAM NAME \_\_\_\_\_ NATION \_\_\_\_\_

MR/MRS \_\_\_\_\_

TEL. \_\_\_\_\_ FAX \_\_\_\_\_ eMAIL \_\_\_\_\_

PRICE		
<i>Net hotel - per person on Half Board accommodation- Minimum stay 2 nights includes American buffet breakfast and Fitness Room.</i>		
<b>From 8 to 15 February</b>	<b>€ 99,00</b>	<i>Single room BB ( Bed and Breakfast )</i>
	<b>€ 65,00</b>	<i>p.p. in Double/twin room BB ( Bed and Breakfast )</i>
	<b>€ 55,00</b>	<i>p.p. in Triple room BB ( Bed and Breakfast )</i>
<b>From 8 to 15 February</b>	<b>€ 118,00</b>	<i>Single room HB ( First, Second course, dessert and Water)</i>
	<b>€ 84,00</b>	<i>p.p. in Double/twin room HB ( First, Second course, dessert and Water)</i>
	<b>€ 74,00</b>	<i>p.p in Triple room HB ( First, Second course, dessert and Water)</i>

RESERVATION			
N° rooms	Room type	Check-in date	Check-out date

ACCOUNT = 10% at reservation - 10% within 8/10/2009 - 10% within 8/11/2009 - 10% within 8/12/2009  
 prepayment within 01/02/2010

CANCELLATION POLICY - prepayment made

ROOMING LIST = within 1<sup>st</sup> February 2010 with personal data and passport number

**We can organize transfer from/to Airports and from/to Spring Cup 2010**

Stamp & Signature

.....



**HOTEL ST.JOHN**

Via Bruno Buozzi, 97- 20099 SESTO SAN GIOVANNI (MI)  
TEL. +39-02-2405641 – FAX +39-02-22470777 – email: info@hotelstjohn.it

**SPRING CUP 2010 - RESERVATION FORM**

TEAM NAME \_\_\_\_\_ NATION \_\_\_\_\_

MR/MRS \_\_\_\_\_

TEL. \_\_\_\_\_ FAX. \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PRICE**

*Net Hotel - per person on Half Board accommodation- Minimum stay 2 nights.  
Includes buffet breakfast*

From 12 to 14 February	€ 65,00	Single room BB ( Bed and Breakfast )
	€ 45,00	p.p. in Double room BB ( Bed and Breakfast )
	€ 40,00	p.p. in Triple room BB ( Bed and Breakfast )
	€ 85,00	Single room HB ( First, Second course, dessert and Water)
	€ 65,00	p.p. in Double/twin room HB ( First, Second course, dessert and Water)
	€ 57,00	p.p in Triple room HB ( First, Second course, dessert and Water)
	€ 17,00	Extra meals (IN FB ACCOMODATION)

**TEAM RESERVATION**

N° rooms	Room type	Check-in date	Check-out date

ACCOUNT = 10% at reservation - 10% within 8/10/2009 – 10% within 8/11/2009 - 10% within 8/12/2009  
prepayment within 01/02/2010 - CANCELLATION POLICY :

no charge before 15/12/2009; 50% before 15/01/2010; 100% after 01/02/2010 prepayment made

ROOMING LIST = within 1st February 2010 with personal data and passport number

Stamp & Signature

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