



International Synchronized Skating Competition
Milan (Sesto S.Giovanni) February 14÷16, 2014

Preliminary Entry Form

Partecipation Annouce

PLEASE RETURN THIS FORM BEFORE 15th November, 2013

ISU MEMBER : _____
Country: _____

N° and name of Partecipating Teams:	NOVICE	
	JUNIOR	
	SENIOR	

Estimated number of people including Coaches, Manager and Staff (max 5 persons for each team):	
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N° JUDGE/S:	
Estimated date of arrive:	
Estimated date of departure:	

Place & date:
Signature:
Title:

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

SPRING CUP 2014-ORGANIZING COMMITTEE

Via Pasubio, 12 - 20066 MELZO (Mi), Italy

e-mail: springcup@precisionskating.it

if not possible, please fax it to the following number: +39 0399716559



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Milan (Sesto S.Giovanni) February 14÷16, 2014

Form N°1

TEAM ENTRY

Please fill it in type or write in capital letters.

DEADLINE DECEMBER 15th, 2013

ISU Member: _____

Team Name: _____

SENIOR

JUNIOR

AD.NOVICE

Category: _____

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.

Place & date:	Signature:	Title:
Return to: SPRING CUP 2014-ORGANIZING COMMITTEE--via Pasubio, 12 - 20066 MELZO (Mi), Italy- e-mail: springcup@precisionskating.it		
If not possible, send by Fax to the n° +39 039 97 16 559		



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Form N. 2

TEAM CONTACT

DEADLINE DECEMBER 15th, 2013

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: _____

Return this form as soon as possible to:

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Form N. 3

Please fill it in type or write in capital letters.
JUDGES/REFEREES/TECHNICALS/OPERATORS ENTRY
DEADLINE DECEMBER 15th, 2013

ISU MEMBER: _____

COUNTRY: _____

NOMINATED JUDGE: _____

Phone: _____ Fax: _____

e-mail: _____

ARRIVAL

Time and date of arrival : _____
Arrival by : <input type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car
Place of arrival:
Airport: _____ Flight number: _____
Station: _____ Train from: _____
Bus Station: _____ Bus from: _____
Other: _____ Car from: _____

DEPARTURE

Time and date of departure : _____
Departure by : <input type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> 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

Place & date:	Signature:	Title:
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Form N. 4

MUSIC AND PRESS INFORMATION

Please fill it in type or write in capital letters.

DEADLINE JANUARY 10th, 2014

ISU MEMBER: _____ COUNTRY: _____

TEAM: _____

TEAM MANAGER: _____

CATEGORY:

SENIOR

JUNIOR

ADVANCED
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	2010	2011	2012	2013
International Competitions	2010	2011	2012	2013

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).

Place & date:	Signature:	Title:
Return to:	SPRING CUP 2014-ORGANIZING COMMITTEE Via Pasubio, 12 - 20066 MELZO (Mi), Italy e-mail: springcup@precisionskating.it If not possible send by Fax to the n° +39 039 97 16 559	



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Form N. 5

TEAM TRAVEL INFORMATION

Please fill it in type or write in capital letters.

DEADLINE DECEMBER 15th, 2013

ISU MEMBER: _____

COUNTRY: _____

TEAM NAME _____

CATEGORY:

<input type="checkbox"/>	SENIOR	<input type="checkbox"/>	JUNIOR	<input type="checkbox"/>	NOVICE
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NUMBER of PEOPLE: _____

ARRIVAL DATE: _____

DEPARTURE DATE : _____

TIME OF DEPARTURE: _____

YOUR HOTEL ADDRESS: _____

Place & date:	Signature:	Title:
Return to: SPRING CUP 2014-ORGANIZING COMMITTEE Via Pasubio, 12 - 20066 MELZO (Mi), Italy e-mail: springcup@precisionskating.it If not possible send by Fax to the n° +39 039 97 16 559		



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Form N. 6

PAYMENT SUMMARY

Please fill it in type or write in capital letters.

DEADLINE JANUARY 2TH, 2014

TEAM NAME: _____

CATEGORY:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SENIOR	JUNIOR	ADVANCED NOVICE

COUNTRY: _____

ENTRY FEE	Price		
SENIOR/JUNIOR TEAM	€ 400,00		
ADVANCED NOVICE TEAM	€ 400,00		
TOTAL AMOUNT (Euro)			
To be payed not later than January 2nd , 2014			
EXTRA PRACTICE ICE	Price	Number of Blocks to be reserved	
PALASESTO ARENA Each 30 MIN block	€ 145,00	...	
TOTAL AMOUNT (Euro)			
To be payed not later than January 20th , 2014			

Place & date:	Signature:	Title:
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Form N. 7

MEDICAL NOTIFICATION
SKATER HEALTH CARE

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

To improve medical care of each skater at ISU Events, in case of emergency, the ISU Medical Advisors request that the skaters fill out this form prior to the Event or at Registration/Accreditation of each event

NAME:	
PASSPORT NUMBER:	
MEMBER:	
DISCIPLINE:	
EMERGENCY CONTACT NAME AND NUMBER:	
ALLERGIES:	YES / NO
If yes, what type (food, medications (penicillin or others), pollen, dust etc):	
CURRENT MEDICAL CONDITIONS:	
Please list the conditions and any medications required.	
Return to:	SPRING CUP 2014-ORGANIZING COMMITTEE Via Pasubio, 12 - 20066 MELZO (Mi), Italy e-mail: springcup@precisionskating.it If not possible send by Fax to the n° +39 039 97 16 559



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Form N. 8

PLANNED PROGRAM CONTENT

Please fill it in type or write in capital letters.

THIS FORM MUST BE RETURNED BEFORE 10.01.2014

Competition: **SPRING CUP 2014**

Team name:	
Nation:	FREE SKATING

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 2014-ORGANIZING COMMITTEE**
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Form N. 9

PLANNED PROGRAM CONTENT

Please fill it in type or write in capital letters.

THIS FORM MUST BE RETURNED BEFORE 10.01.2014

Competition: **SPRING CUP 2014**

Team name:	
Nation:	SHORT PROGRAM

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	

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

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PACKAGE SUMMARY

Form

Deadline

Preliminary entry Form	November 15, 2013
Form 1: Team Entry	December 15, 2013
Form 2: Team Contact	December 15, 2013
Form 3: Judges,Referees, Technicals, Operatory Entry	December 15, 2013
Form 4: Music and Press Information	January 10, 2014
Form 5: Team Travel Informazion	December 15, 2013
Form 6: Payment entry fee	January 2, 2014
Form 6: Payment extra ice	January 20, 2014
Form 7: Skater Health Care	Time of registration
Form 8: Planned Program Content Free Program	January 10, 2014
Form 9: Planned Program Content Short Program	January 10, 2014