



ISU Member Federation: _____		
Team Name: _____		
Category: _____ (Mixed Age or Basic Novice A/B or Adv. Novice or Junior or Senior)		
	Name	Given Name
1: Coach	_____	_____
2: Assistant Coach	_____	_____
3: Team Manager	_____	_____
4: Medical Personnel	_____	_____
5: Team Service Personnel	_____	_____
Team Service Personnel	_____	_____

Please list the competitors in alphabetical order; indicate the team captain with an "***"

Name, Given Name: (please indicate male skaters with M)	Date of Birth DD.MM.YYYY	Citizenship
1.		
2.		
3.		
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20.		

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

ISU Member Federation: _____

Please email or fax

to : OC Cup of Berlin 2018
 Deutsche Eislaufer-Union e.V.
 Fax: +49 89 89120320
 Email: CoB@eislaufer-union.de