

Communication No. 2613 Appendix A**ISU MEMBER APPLICATION FORM
VISITING ISU COACH DEVELOPMENT SUPPORT**

ISU MEMBER: _____

NAME and CONTACT information of person completing application:

Name:

Address:

E-mail:

Telephone:

- Application for:
- | | | | |
|--------------------------|---------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Singles | <input type="checkbox"/> | Ice Dance |
| <input type="checkbox"/> | Pair Skating | <input type="checkbox"/> | Synchronized Skating |
| <input type="checkbox"/> | Short Track Speed Skating | <input type="checkbox"/> | Speed Skating |

1. Why is a Visiting ISU Coach needed?

2. What specific assistance would you need from a Visiting ISU Coach?

3. How will the assistance provided by a Visiting ISU Coach fit into your Federation's overall strategy?

4. How do you propose to measure the success of the Visiting ISU Coach's assistance and who will be responsible for this?

5. Indicate preferred dates for the assistance of a Visiting ISU Coach for your country.

6. Provide a suggested initial schedule of the Visiting ISU Coach's assistance to you.

Place: _____

Date _____

Signature of ISU Member President

Signature of ISU Member General Secretary

E-mail simultaneously to:

ISU Development Commission	ISU Secretariat
dvcommission@isu.ch	development@isu.ch