**Appendix B1**

**Part II**

|  |
| --- |
| **ISU MEMBER APPLICATION FOR****PROJECT-BASED DEVELOPMENT SUPPORT** |

**ISU MEMBERS**

ISU MEMBER: .....................................

NAME and CONTACT information of person completing the application:

Name: .....................................

Address: .....................................

E-mail: ..................................... Telephone: .....................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application type**: | [ ]  | Single and Pair Skating | [ ]  | Short Track Speed Skating |
|  | [ ]  | Ice Dance | [ ]  | Speed Skating |
|  | [ ]  | Synchronized Skating | [ ]  | Administrative support |
|  |  |  | [ ]  | Other support ………………………. |
|  |  |  |  |  |
| **Target audience**: | [ ]  | Skaters only | [ ]  | Skaters & Coaches |
|  | [ ]  | Coaches only | [ ]  | Other …………………. |

**Age Category**:

*(for Skaters only)* ……………………………………………

**Third-Party Provider**

Are you using any third-party provider to organize your Project?

[x]  No [ ]  Yes (*provide details*) ………………….

**Note:**

Normally, an application should be submitted for a Project focusing on one sports discipline only, and the relevant box above shall be marked. However, if a Project will cover several disciplines in the same ISU Branch (Figure Skating or Speed Skating) and the Project cannot easily be divided into separate Projects for each discipline, please check all the relevant boxes.

Please use the following form to submit your **Application**:



We attest that this application has been reviewed and is supported by us as the ISU Member that will take the responsibility for implementation of the Project. Moreover, we attest that all information is true and accurate, and that other ISU Members listed as participants in the Project are fully informed about the application and are committed to taking part in and support the Project as indicated in the application.

We agree to submit Project reports and accounting documentation and records when and as required.

|  |  |  |
| --- | --- | --- |
| ....................................  |  | .................................... |
| Name & Signature of ISU Member President |  | Name & Signature of General Secretary |

Place: ..................................... Date: .....................................