



Team Entry Form

International Adult Figure Skating Competition
Oberstdorf, Germany, 22nd-27th May 2017
(Close of Entries: 13th March 2017)

1

A TEAM DETAILS

<input type="text"/> Team Name		<input type="text"/> Federation	<input type="text"/> City
<input type="text"/> Coach	<input type="text"/> Assistant Coach	<input type="text"/> Team Manager	<input type="text"/> Contact Name
<input type="text"/> Street		<input type="text"/> City	<input type="text"/> ZIP/Postal code - State
<input type="text"/> email		<input type="text"/> Phone	<input type="text"/> Fax
<input type="text"/> Team Website / Facebook Page			

B COMPETITION

<input type="text"/> Number of Skaters	<input type="text"/> Average Age of Skaters
<input type="text"/> Theme of the Program	

C ENTRY FEE

☐ Synchro Team 500 €

The competition entry fee is not refundable for any reason.

D TRANSPORTATION

We are interested in personal transportation upon arrival in Munich/Memmingen

<input type="text"/> Date of Arrival (DD.MM.YYYY)	<input type="text"/> Arrival Time	<input type="text"/> Airport	<input type="text"/> Flight Number	<input type="text"/> Number of Passengers
<input type="text"/> Date of Arrival (DD.MM.YYYY)	<input type="text"/> Arrival Time	<input type="text"/> Airport	<input type="text"/> Flight Number	<input type="text"/> Number of Passengers
<input type="text"/> Date of Arrival (DD.MM.YYYY)	<input type="text"/> Arrival Time	<input type="text"/> Airport	<input type="text"/> Flight Number	<input type="text"/> Number of Passengers
<input type="text"/> Date of Arrival (DD.MM.YYYY)	<input type="text"/> Arrival Time	<input type="text"/> Airport	<input type="text"/> Flight Number	<input type="text"/> Number of Passengers

Contact details for transportation

<input type="text"/> Name	<input type="text"/> Email Address
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Please send entry form to:

Deutsche Eislauf Union, Menzinger Str. 68, D-80992, Munchen
Fax: +49 89 89120320 Email: info@eislauf-union.de **AND**
Sportstätten Oberstdorf, Stefan Betz, Rossbichlstrasse 2-6, D-87561, Oberstdorf
Fax: +49 8322 700 511 Email: sb@oberstdorf-sport.de



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2

E SYNCHRO SEMINAR

☐ Synchro Seminar on Friday 26th May 18 €

Number of Participants _____

Technical rules and judging of technical elements.
Criteria and judging of the 5 components.

Total in € _____

F BANQUET

To be held following the conclusion of competitions on Saturday 27th May 2017

Number of Participant Tickets (28 €) _____

Number of Non-Participant Tickets (45 €) _____

Total in € _____

G GRAND TOTAL IN €

Entry Fees _____

Seminars _____

Banquet _____

GRAND TOTAL _____

Payment Information

☐ Bank Transfer

☐ Credit Card

☐ VISA

☐ Mastercard

If you pay by bank transfer you must enclose the receipt.

Card Number _____

Expiry Date _____

Validation Code _____

Cardholder Signature _____

Date _____

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F DECLARATIONS

In accordance with ISU Rule 119 regarding Medical Insurance and ISU Rule 141 regarding Safety, the German Federation, the BLZ Oberstdorf and the ISU take no responsibility for liability with respect to bodily or personal injury or property loss or damage incurred by competitors or officials. Each entrant is expected to provide his/her own insurance. The organizer will provide medical services for all competitors and officials during practice and competition.

I, the undersigned, intending to be legally bound, hereby certify that all team members named on this form are physically fit and have not been otherwise informed by a physician. It is my responsibility to notify the Organizer of any change in health condition of any team member between the date of the close of entries and the competition. I acknowledge that all team members are aware of all the risks inherent in figure skating and agree, on behalf of themselves and their families, to assume those risks. As a condition of participation in the International Adult Figure Skating Competition or any activities incident thereto, all team members hereby waive any and all rights to claims for loss or damages caused by the negligence, active or passive, of the ISU, the Deutsche Eislauf-Union e.V. and the BLZ Oberstdorf, and this entry shall be accepted only on the basis of this waiver.

I have read, studied and understood the content and criteria of this form and I accept with my signature the above-mentioned conditions.

Team Manager's Signature: _____

Signature of Team Manager required and this waiver must be included in application package.

If one or more pages are missing your entry to the competition will be treated as invalid.
You will receive your personal entry and order confirmation by return email.

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4

/ PLANNED PROGRAM CONTENT

<input type="text"/>	<input type="text"/>	<input type="text"/>
Team Name	Federation	Team Manager

ELEMENTS IN ORDER OF SKATING

Elements Mark transition elements (non-scoring elements) with a "T"

1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>

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5

J TEAM MEMBERS

Team Name

Team Members in alphabetical order. Please indicate the captain with (C) and male skaters with (M)

	Surname	First Name	Date of Birth	Citizenship
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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