



**Form N°1**

**WINTER CUP 2016**

International Synchronized Skating Competition  
Gullegem, Belgium 24,25,26 November

**PRELIMINARY ENTRY FORM**

**PLEASE RETURN THIS FORM BY SEPTEMBER 1<sup>st</sup> 2016**

<b>ISU MEMBER :</b> _____ <b>Country</b> _____
<b>TEAM:</b> _____
<b>CATEGORY :</b> JUNIOR – SENIOR – ADVANCED NOVICE
<b>TEAMMANAGER:</b> _____
<b>CHAPERONNE:</b> _____
<b>CHAPERONNE:</b> _____
<b>COACH:</b> _____ <b>ASSISTANT COACH:</b> _____

<b>Signature of Team Official: And Name in Capitals</b>	
<b>Position of Team Official and Date:</b>	

Please indicate if you require Unofficial Practice Ice and how many blocks you would ideally like to book.  
The Unofficial Practice Ice is in 15 minute Blocks @ €50 per Block and will be available on Wednesday 23rd November and Thursday 24th November 2016.

**I would like to reserve \_\_\_\_\_ Blocks Please indicate - Wed or Thurs**

**Please email this form as soon as possible to:**  
[wintercupbelgium@gmail.com](mailto:wintercupbelgium@gmail.com)



**Form N°2**

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**OFFICIAL ENTRY FORM**

**A separate entry form must be submitted for each team entered**

**DEADLINE 1<sup>st</sup> October 2016**

**Please type or write in capital letters.**

	Team Name
<b>ADV NOVICE ISU</b>	
<b>JUNIOR ISU</b>	
<b>SENIOR ISU</b>	

ISU MEMBER	
TEAM NAME:	
COUNTRY:	
NAME OF CLUB/RINK:	
<b>ALL TEAMS:</b> TEAM MANAGER/OFFICIAL NAME & ADDRESS + ZIP CODE (UK POST CODE)	_____
	EMAIL <span style="float: right;">CONTACT NO:</span>
TEAM LEADER	_____
	EMAIL <span style="float: right;">CONTACT NO:</span>
TEAM COACH: NAME AND SIGNATURE	1)
	2)

**CLOSING DATE FOR THIS EVENT IS 1<sup>st</sup> October 2016**

**PAYMENT DETAILS**

**BANK TRANSFER** Transfer Amount € \_\_\_\_\_ **MADE ON (DATE)**

**PLEASE MAKE PAYMENT BY DIRECT BANK TRANSFER AT TE LATEST BY OCTOBER 1ST 2016**

**All Payments should be made by Direct Bank Transfer to the following account:**

**Bank:** Fintro, Oudenaarde, Belgium

**Account Name:** Wintercup

**Account Number:** 143-0907211-71

International Entries should additionally quote:

**BIC Code:** GEBABEBB

**IBAN No:** BE49 1430 9072 1171



**Form N°3**

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## TEAM MEMBERS

**A separate entry form must be submitted for each team entered**

**DEADLINE 1<sup>st</sup> October 2016**

**Please type or write in capital letters.**

Please enter Synchro team members in alphabetical order followed by alternates.

Please indicate team captain with an asterisk. \*

If you are submitting a handwritten form please write in capitals very clearly – thank you.

**TEAM NAME** \_\_\_\_\_ **CATEGORY** \_\_\_\_\_

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.

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>
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**Form N. 4**

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**MUSIC AND PRESS INFORMATION**

**DEADLINE 1<sup>st</sup> October 2015**

**Please type or write in capital letters.**

ISU MEMBER: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TEAM: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

All music must be sent to : [wintercupbelgium@gmail.com](mailto:wintercupbelgium@gmail.com) and on CD with the Team's name, event and the length of the music (not the skating time) clearly indicated. A spare copy should be readily available at rinkside

**SHORT PROGRAM**

	Music	Composer	Time (min)
1			
2			
3			

**FREE PROGRAM**

	Music	Composer	Time (min)
1			
2			
3			

**TEAM INFORMATION: MAIN RESULTS**

<b>National Championships</b>	2012	2013	2014	2015	2016
<b>International Competitions</b>	2012	2013	2014	2015	2016

**NOTE: A TEAM PHOTOGRAPH IS REQUIRED FOR THE PROGRAMME AND POSSIBLY THE PRESS.**

**PLEASE SEND IT TOGETHER WITH THE ENTRY FORM**

The requested information may be used for press and media

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>



**Form N. 5**

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**PAYMENT SUMMARY**

**DEADLINE 1<sup>st</sup> October 2015**

**Please type or write in capital letters.**

**TEAM NAME:** \_\_\_\_\_

**CATEGORY:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

<b>ENTRY FEE</b>	<b>Price</b>		
<b>SENIOR/JUNIOR</b>	<b>€ 450</b>		
<b>ADV NOVICE</b>	<b>€ 400</b>		
<b>EXTRA PRACTICE ICE</b>			
	<b>Price</b>	<b>Number of Blocks to be reserved</b>	
<b>FINLANDIA</b> Each 15 MIN block	<b>€ 50</b>	...	
<b>TOTAL AMOUNT (EURO)</b>			

<b>NAME &amp; DATE:</b>	<b>TITLE:</b>	<b>SIGNATURE:</b>

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**Form N°6**

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**Program Content (SYNCHRO) - ELEMENTS IN ORDER OF SKATING**

**THIS FORM MUST BE RETURNED NO LATER THAN 1<sup>ST</sup> OCTOBER 2015**

Please fill in the elements sheet below in the correct order. PLEASE USE THE OFFICIAL ELEMENT CODES. It is important that these forms are completed correctly for successful entry to this competition.

**Category:**

**TEAM:**

	<b>Elements SP</b> (ISU Junior & Senior Teams only)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

	<b>Elements FS</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Date, Signature Team Coach :

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