

PRELIMINARY ENTRY FORM

PLEASE RETURN THIS FORM BY SEPTEMBER 1 ST 2016

ISU MEMBER : _____ Country _____
TEAM: _____
CATEGORY : JUVENILE / BASIC NOVICE / JUNIOR B (free only) / SENIOR B (free only) / MIXED AGE / ADULT
TEAMMANAGER: _____
CHAPERONNE: _____
CHAPERONNE: _____
COACH: _____ ASSISTANT COACH: _____

Signature of Team Official: And Name in Capitals	
Position of Team Official and Date:	

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

OFFICIAL ENTRY FORM

A separate entry form must be submitted for each team entered

DEADLINE 1ST OCTOBER 2016
Please type or write in capital letters.

	Please tick
SENIOR B	
JUNIOR B	
BASIC NOVICE	
JUVENILE	
MIXED AGE	
ADULT	

ISU MEMBER	
TEAM NAME:	
COUNTRY:	
NAME OF CLUB/RINK:	
ALL TEAMS: TEAM MANAGER/OFFICIAL NAME & ADDRESS + ZIP CODE (UK POST CODE)	<hr/> <hr/> <div style="display: flex; justify-content: space-between;"> EMAIL CONTACT NO: </div>
TEAM LEADER	<hr/> <hr/> <div style="display: flex; justify-content: space-between;"> EMAIL CONTACT NO: </div>
TEAM COACH: NAME AND SIGNATURE	1)
	2)

CLOSING DATE FOR THIS EVENT IS 15th October 2016

PAYMENT DETAILS

BANK TRANSFER Transfer Amount € _____ **MADE ON (DATE)**

PLEASE MAKE PAYMENT BY DIRECT BANK TRANSFER AT TE LATEST BY OCTOBER 1ST 2015

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

TEAM MEMBERS

A separate entry form must be submitted for each team entered

DEADLINE 1 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 M)	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.

Place & date:	Signature:	Title:

Form N. 4 _____ **WINTERCUP 2016**

International Synchronized Skating Interclub Competition
Gullegem, Belgium 24, 25, 26 and 27 nov 2016

MUSIC AND PRESS INFORMATION

DEADLINE 1 October 2016
Please type or write in capital letters.

ISU MEMBER: _____ COUNTRY: _____

TEAM: _____

TEAM MANAGER: _____

CATEGORY: _____

All music must be sent to : 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

National Championships	2012	2013	2014	2015	2016
International Competitions	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

Place & date:	Signature:	Title:

Form N. 5

WINTERCUP 2016

International Synchronized Skating Interclub Competition
Gullegem, Belgium 24, 25, 26 and 27 nov 2016

PAYMENT SUMMARY

DEADLINE 1ST October 2016
Please type or write in capital letters.

TEAM NAME: _____

CATEGORY: _____

COUNTRY: _____

ENTRY FEE	Price		
SENIOR B – JUNIOR B – BASIC NOVICE - MIXED AGE - JUVENILE - ADULT	€ 400		
EXTRA PRACTICE ICE			
On 27 November.	Price	Number of Blocks to be reserved	
FINLANDIA Each 15 MIN block	€ 50	...	
TOTAL AMOUNT (EURO)			

NAME & DATE:	TITLE:	SIGNATURE:

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

Program Content (SYNCHRO) - ELEMENTS IN ORDER OF SKATING

THIS FORM MUST BE RETURNED NO LATER THAN 1ST OCTOBER 2016

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.

Rink / Club:

Category:

TEAM:

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

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

Date, Signature Team Coach :
