This form must return before **Wednesday December 18th 2019, 13:00h** to hskhasselt@gmail.com **AND TO** icetalenttrophy@gmail.com

Planned elements must be sent before : **Friday January 10th 2020, 14:00h**

directly to both: ludod@telenet.be , the national competition coordinator

and to mariabouwens@hotmail.com , the regional secretary

Please fill in with type or write in capital letters!

|  |  |
| --- | --- |
| Club name: |  |
| Club address: |  |
| Zip code: |  |
| City: |  |
| Country: |  |
| Correspondent: |  |
| Mobile Phone number: |  |
| Email: |  |
|  |
| JUDGES |
|  | NAME | SURNAME |
| 2 |  |  |
| 3 |  |  |

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Please fill in with type or write in capital letters!

|  |
| --- |
| PARTICIPANTS |
|  | NAME | SURNAME | DATE OF BIRTH | SEX | CATEGORY | COACH | NATIONALITY | PHONE | EMAIL |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |
| TOTAL AMOUNT OF ENTRY FEES |  |  |