

Championships 2017

SYNCHRONIZED SKATING TEAM ENTRY FORM

Form to be completed and emailed to: niissa.secretary@gmail.com

**TEAM GRADE: (please circle one) – Elementary / Basic Novice / Mixed Age /
Advanced Novice / Junior / Senior / Adult**

TEAM NAME: _____

NAME OF TEAM MANAGER: _____

EMAIL OF TEAM MANAGER: _____

NAME OF TEAM COACH: _____

EMAIL OF TEAM COACH: _____

TEAM MEMBERS:

	<u>NAMES</u>	<u>TC No.</u>	<u>AGE as at 30 June 2017</u>	<u>HIGHEST STROKING TEST</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____