|  |  |
| --- | --- |
| **ISU Member Federation:** |  |
|  |  |
|  |  |
| **A. Team-Leader:** |  |
| **Assistant Team-Leader:** |  |
|  |  |

## B. Competitors

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** |  | **Given Name** |  |  | **Name** |  | **Given Name** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1: |  |  |  |  | 10: |  |  |  |
| 2: |  |  |  |  | 11: |  |  |  |
| 3: |  |  |  |  | 12: |  |  |  |
| 4: |  |  |  |  | 13: |  |  |  |
| 5: |  |  |  |  | 14: |  |  |  |
| 6: |  |  |  |  | 15: |  |  |  |
| 7: |  |  |  |  | 16: |  |  |  |
| 8: |  |  |  |  | 17: |  |  |  |
| 9: |  |  |  |  | 18: |  |  |  |
|  |  |  |  |  |  |  |  |  |

## C. Judges

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** |  | **Given Name** |  |  | **Name** |  | **Given Name** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1: |  |  |  |  | 3: |  |  |  |
| 2: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

## D. Coaches

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name |  | Given Name |  |  | Name |  | Given Name |

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| 1: |  |  |  |  | 10: |  |  |  |
| 2: |  |  |  |  | 11: |  |  |  |
| 3: |  |  |  |  | 12: |  |  |  |
| 4: |  |  |  |  | 13: |  |  |  |
| 5: |  |  |  |  | 14: |  |  |  |
| 6: |  |  |  |  | 15: |  |  |  |
| 7: |  |  |  |  | 16: |  |  |  |
| 8: |  |  |  |  | 17: |  |  |  |
| 9: |  |  |  |  | 18: |  |  |  |
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## 

## E. Team Officials (Only members of the council, technical committee or similar or members of the head office of the entered Member Federation)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name |  | Given Name |  | Function in Federation |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1: |  |  |  |  |  | | | |
| 2: |  |  |  |  |  | | | |
|  |  |  |  |  |  |  |  |  |

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**F. Team Doctor / Physiotherapist**

**(A certification of the profession of a Doctor or Physiotherapist must be presented)**

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| --- | --- | --- | --- | --- | --- |
|  | Name |  | Given Name |  | Function |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1: |  |  |  |  |  | (Doctor) |  |  |
| 2: |  |  |  |  |  | (Physiotherapist) |  |  |
|  |  |  |  |  |  |  |  |  |

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| Please note: | | Accreditations will be made available only for one Team Leader per Team, one Assistant Team Leader (for Teams with 6 and more competitors participating), for Competitors, Coaches (one per skater), Officials (maximum two, President included), one Team-Doctor and one Physiotherapist. | | | | | | | |

**The undersigned ISU Member guarantees that the requested accreditation of Team Members will correspond to their function within the Team / ISU Member Federation. A certification to prove the status of the Team Members entered under “E” and “F” needs to be attached to this form; otherwise no accreditation will be provided to these persons.**

|  |  |
| --- | --- |
| ISU Member Federation: |  |

|  |  |
| --- | --- |
| Date, Signature: |  |