**Form 1**

**TEAM CONTACT**

**Please return this form before 15 February 2022**

to Organizing Committee: info@mixedagetrophy.ch

|  |  |
| --- | --- |
| **Team Name** |  |
| **ISU Member** |  |
| **Country** |  |
| **Club Address** |  |
| **Web or Facebook-Site** |  |
| **Number of Skaters** |  |

|  |  |
| --- | --- |
| **Team Manager** |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |
| **Name of Coach** |  |

|  |  |
| --- | --- |
| **Date**  | **Signature**  |