**Form 2**

**TEAM ENTRY**

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

to Organizing Committee: info@mixedagetrophy.ch

|  |  |
| --- | --- |
| **ISU Member** |  |
| **Team Name** |  |
| **Team Manager** |  |
| **Coach** |  |
| **Assistant Coach** |  |
| **Phone and e-mail Coach** |  |
| **Medical Personnel** |  |
| **Team Service Personnel** |  |
| **Team Service Personnel** |  |

Competitors list in alphabetical order, indicate the team captain with a C, male skaters with a “M”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Surname** | **Date of birth** | **Citizenship** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |
| **15** |  |  |  |  |
| **16** |  |  |  |  |
| **17** |  |  |  |  |
| **18** |  |  |  |  |
| **19** |  |  |  |  |
| **20** |  |  |  |  |
|  |
| **Date**  | **Signature**  |