**Form 1**

**TEAM CONTACT**

**Please return this form before 16 February 2024**

to Organizing Committee: elisabethcognet@gmail.com, sylvie.coupez@wanadoo.fr

| **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**  |
| --- | --- |