**Form 11**

**SUMMARY OF FEES**

**Please return this Form at latest 16 February 2024**

to Organizing Committee: [elisabethcognet@gmail.com](mailto:elisabethcognet@gmail.com), [sylvie.coupez@wanadoo.fr](mailto:sylvie.coupez@wanadoo.fr)

| **Team Name** |  |
| --- | --- |
| **ISU Member** |  |

| **Inscription Competition**  **(Saturday)** | **400.00 €** | **= 400.00 €** |
| --- | --- | --- |
| **Total Extra Practice**  **Form 3** | **120.00 € per  30 minutes block** | **= \_\_\_\_\_\_\_\_\_\_\_€** |
| **Total Meal Reservation**  **Form 9** |  | **= \_\_\_\_\_\_\_\_\_\_\_€** |
| **Total Ticket Reservation**  **Form 10** |  | **=\_\_\_\_\_\_\_\_\_\_\_€** |
|  | | |
| **Total amount** |  | **= \_\_\_\_\_\_\_\_\_\_\_€** |

This form must be returned together with the total payment.

# **CREDIT CARDS ARE NOT ACCEPTED**

| Beneficiary | ASSOC. MMM SPORTS DE GLACE |
| --- | --- |
| Bank | CREDIT AGRICOLE |
| IBAN | FR76 1350 6100 0085 1132 7242 815 |
| BIC (SWIFT-Code) | AGRIFRPP835 |
| Remark | SYS Mixed Age Trophy 2024 |
| Please, specify name of the Team | |

**If the organizer’s account is debited of any commission and/or charges for bank transactions, these will have to be paid in cash at the time of accreditation. The amount to be paid will be notified in advance by mail.**

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