

ISU Member:

Filled by:

Title:



Form 1

PRELIMINARY ENTRY

Deadline: 30th of September 2019

Coach:

Team Name:	Contact mail:	
Category:	Teammanager:	
Country:	Homepage:	
Name of the club:	Contact phone:	

Please send the filled form to:

Date:

Signature:

cup-of-dresden@web.de

www.cup-of-dresden.de