

COUPE DU PRINTEMPS 2020

THIS FORM MUST RETURN BEFORE:

14/02/2020



Please fill in with type or write in capital letters!

ISU Member Federation:

Name

Given Name

MEN

Mr. _____

Substitute:

Mr. _____

LADIES

Miss/Mrs. _____

Substitute:

Miss/Mrs. _____

Date, Signature: _____