



**Form N°1** WINTER CUP 2017

International Synchronized Skating Competition  
Gullegem, Belgium 23.24.25 November

**PRELIMINARY ENTRY FORM**

**PLEASE RETURN THIS FORM BY SEPTEMBER 1<sup>st</sup> 2017**

<b>ISU MEMBER :</b> _____ <b>Country</b> _____
<b>TEAM:</b> _____
<b>CATEGORY : JUNIOR – SENIOR – ADVANCED NOVICE</b>
<b>TEAMMANAGER:</b> _____
<b>CHAPERONNE:</b> _____
<b>CHAPERONNE:</b> _____
<b>COACH:</b> _____ <b>ASSISTANT COACH:</b> _____

<b>Signature of Team Official: And Name in Capitals</b>	
<b>Position of Team Official and Date:</b>	

Please indicate if you require Unofficial Practice Ice and how many blocks you would ideally like to book.  
The Unofficial Practice Ice is in 15 minute Blocks @ €50 per Block and will be available on Wednesday 22 November and Thursday 23 November 2017.

**I would like to reserve \_\_\_\_\_ Blocks Please indicate - Wed or Thurs**

**Please email this form as soon as possible to:**  
[wintercupbelgium@gmail.com](mailto:wintercupbelgium@gmail.com)



**Form N°2**

**WINTER CUP 2017**

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**OFFICIAL ENTRY FORM**

**A separate entry form must be submitted for each team entered**

**DEADLINE 1<sup>st</sup> October 2017**

**Please type or write in capital letters.**

	Team Name
<b>ADV NOVICE ISU</b>	
<b>JUNIOR ISU</b>	
<b>SENIOR ISU</b>	

ISU MEMBER	
TEAM NAME:	
COUNTRY:	
NAME OF CLUB/RINK:	
<b>ALL TEAMS:</b> TEAM MANAGER/OFFICIAL NAME & ADDRESS + ZIP CODE (UK POST CODE)	_____ _____ EMAIL CONTACT NO:
TEAM LEADER	_____ _____ EMAIL CONTACT NO:
TEAM COACH: NAME AND SIGNATURE	1)
	2)

**CLOSING DATE FOR THIS EVENT IS 1<sup>st</sup> October 2017**

**PAYMENT DETAILS**

**BANK TRANSFER** Transfer Amount € \_\_\_\_\_ **MADE ON (DATE)**

**PLEASE MAKE PAYMENT BY DIRECT BANK TRANSFER AT TE LATEST BY OCTOBER 1ST 2016**

**All Payments should be made by Direct Bank Transfer to the following account:**

**Bank:** Fintro, Oudenaarde, Belgium

**Account Name:** Wintercup

**Account Number:** 143-0907211-71

International Entries should additionally quote:

**BIC Code:** GEBABEBB

**IBAN No:** BE49 1430 9072 1171



**Form N°3**

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## **TEAM MEMBERS**

**A separate entry form must be submitted for each team entered**

**DEADLINE 1<sup>st</sup> October 2017**

**Please type or write in capital letters.**

Please enter Synchro team members in alphabetical order followed by alternates.

Please indicate team captain with an asterisk. \*

If you are submitting a handwritten form please write in capitals very clearly – thank you.

**TEAM NAME** \_\_\_\_\_ **CATEGORY** \_\_\_\_\_

Name: (please indicate male skaters with <u>M</u> )	Date of Birth			Citizenship
	D	M	Y	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

The undersigned ISU Member Association hereby certifies that the above mentioned Team is eligible in accordance with ISU Regulations.

<b>Place &amp; date:</b>	<b>Signature:</b>	<b>Title:</b>



**Form N. 4**

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## MUSIC AND PRESS INFORMATION

**DEADLINE 1<sup>st</sup> October 2017**

**Please type or write in capital letters.**

ISU MEMBER: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TEAM: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

All music must be sent to : [wintercupbelgium@gmail.com](mailto:wintercupbelgium@gmail.com) and on CD with the Team's name, event and the length of the music (not the skating time) clearly indicated. A spare copy should be readily available at rinkside

### SHORT PROGRAM

	Music	Composer	Time (min)
1			
2			
3			

### FREE PROGRAM

	Music	Composer	Time (min)
1			
2			
3			

### TEAM INFORMATION: MAIN RESULTS

National Championships	2012	2013	2014	2015	2016
International Competitions	2012	2013	2014	2015	2016

**NOTE: A TEAM PHOTOGRAPH IS REQUIRED FOR THE PROGRAMME AND POSSIBLY THE PRESS.**

**PLEASE SEND IT TOGETHER WITH THE ENTRY FORM**

The requested information may be used for press and media

Place & date:	Signature:	Title:



**Form N. 5**

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## **PAYMENT SUMMARY**

**DEADLINE 1<sup>st</sup> October 2017**

**Please type or write in capital letters.**

**TEAM NAME:** \_\_\_\_\_

**CATEGORY:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

ENTRY FEE	Price	
SENIOR/JUNIOR	€ 450	
ADV NOVICE	€ 400	
EXTRA PRACTICE ICE	Price	Number of Blocks to be reserved
FINLANDIA Each 15 MIN block	€ 50	...
TOTAL AMOUNT (EURO)		

NAME & DATE:	TITLE:	SIGNATURE:

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**Form N°6****WINTER CUP 2017**International Synchronized Skating Competition  
Gullegem, Belgium 23.24.25 November**Program Content (SYNCHRO) - ELEMENTS IN ORDER OF SKATING****THIS FORM MUST BE RETURNED NO LATER THAN 1<sup>ST</sup> OCTOBER 2017**

Please fill in the elements sheet below in the correct order. PLEASE USE THE OFFICIAL ELEMENT CODES. It is important that these forms are completed correctly for successful entry to this competition.

**Category:****TEAM:**

	<b>Elements SP</b> (ISU Junior & Senior Teams only)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

	<b>Elements FS</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Date, Signature Team Coach :