



**CUP OF BERLIN 2018**  
ISU Synchronized Skating Competition

January 4<sup>th</sup>-7<sup>th</sup>, 2018  
Berlin, Germany

Form **04**

**Judges  
Form**

ISU Member Federation: \_\_\_\_\_

**A: Judges**

Name	Given Name
Miss/Mrs./Mr. _____	_____
Substitute: Miss/Mrs./Mr. _____	_____

The undersigned Member of the ISU hereby certifies that the above named judges qualify with regard to eligibility according to ISU General Regulations 2004

**B: Accompanying person to a judge (partner or relative only)**

Name	Given Name
Miss/Mrs./Mr. _____	_____

**C: Accommodation**

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Room requirements: Single room ☐ Twin-bed room ☐

**D: Travel Information**

I/we will travel by: Car or Team Bus ☐ Train ☐ Plane ☐

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Flight/Train Number: \_\_\_\_\_ Airport/Station: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Flight/Train Number: \_\_\_\_\_ Airport/Station: \_\_\_\_\_

ISU Member Federation: \_\_\_\_\_

Date, Signature: \_\_\_\_\_

Please email or fax

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