



Preliminary Entry Form

Participation Announce

PLEASE RETURN THIS FORM BEFORE 20th November, 2017

ISU MEMBER : _____		
Country: _____		
N° and name of Participating Teams:	NOVICE	
	JUNIOR	
	SENIOR	
Estimated number of people including Coaches, Manager and Staff (max 5 persons for each team):		
N° JUDGE/S:		
Estimated date of arrive:		
Estimated date of departure:		

Place & date:
Signature:
Title:

We will appreciate you will return this form as soon as possible to:
SPRING CUP 2018 - ORGANIZING COMMITTEE
 e-mail: springcup@precisionskating.it



Form N°1

TEAM ENTRY

Please fill it in type or write in capital letters.

DEADLINE DECEMBER 15th, 2017

ISU Member: _____

Team Name: _____

Category: ☐ SENIOR ☐ JUNIOR ☐ ADV. NOVICE Country: _____

Team Manager: _____

Coach: _____

Competitors list in alphabetical order. **Please indicate the Team Captain with "*"**

	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.

Place & date:	Signature:	Title:
Return to: SPRING CUP 2018 - ORGANIZING COMMITTEE e-mail: springcup@precisionskating.it		



Form N. 2

TEAM CONTACT

DEADLINE DECEMBER 15th, 2017

Please fill it in type or write in capital letters.

**PLEASE NOTE: THIS FORM IS VERY IMPORTANT
TO ENABLE A PROMPT INFORMATION EXCHANGE**

Team Name: _____

Country: _____ **Web-site:** _____

Club Address: _____

Team Manager : (Mr. Mrs. Miss) _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Team Leader : (Mr. Mrs. Miss) _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Return this form as soon as possible to:

SPRING CUP 2018 - ORGANIZING COMMITTEE

e-mail: springcup@precisionskating.it



Form N. 3

Please fill it in type or write in capital letters.

**JUDGES/REFEREES/TECHNICAL CONTROLLERS/ TECHNICAL
SPECIALISTS/ DATA REPLAY OPERATORS ENTRY**

DEADLINE DECEMBER 15th, 2017

ISU MEMBER: _____

COUNTRY: _____

NOMINATED JUDGE: _____

Phone: _____ Fax: _____

e-mail: _____

ARRIVAL

Time and date of arrival : _____

Arrival by : ☐ Plane ☐ Train ☐ Bus ☐ Car

Place of arrival:

Airport: _____ Flight number: _____

Station: _____ Train from: _____

Bus Station: _____ Bus from: _____

Other: _____ Car from: _____

DEPARTURE

Time and date of departure : _____

Departure by : ☐ Plane ☐ Train ☐ Bus ☐ Car

Place of arrival:

Airport: _____ Flight number: _____

Station: _____ Train from: _____

Bus Station: _____ Bus from: _____

Other: _____ Car from: _____

**PLEASE LET'S KNOW IF YOU TRAVEL TOGETHER WITH THE TEAM
GIVE US DETAILED INFORMATIONS IN ORDER TO ORGANIZE YOUR TRANSFER FROM/TO AIRPORT**

Place & date:	Signature:	Title:



Form N. 4

MUSIC AND PRESS INFORMATION

Please fill it in type or write in capital letters.

DEADLINE JANUARY 10th, 2018

ISU MEMBER: _____ COUNTRY: _____

TEAM: _____

TEAM MANAGER: _____

CATEGORY: ☐ **SENIOR** ☐ **JUNIOR** ☐ **ADV. NOVICE**

SHORT PROGRAM

	Music	Composer and Label	Time (min)
1			
2			
3			

FREE PROGRAM

	Music	Composer and Label	Time (min)
1			
2			
3			

TEAM INFORMATIONS: MAIN RESULTS

National Championships	2014	2015	2016	2017
International Competitions	2014	2015	2016	2017

NOTE: A TEAM PICTURE IS REQUIRED FOR PRESS.

PLEASE SEND IT TOGETHER WITH THE ENTRY FORM

The requested informations will be used for press and media

Place & date:	Signature:	Title:
Return to: SPRING CUP 2018 - ORGANIZING COMMITTEE e-mail: springcup@precisionskating.it		



Form N. 5

TEAM TRAVEL INFORMATION

Please fill it in type or write in capital letters.

DEADLINE DECEMBER 15th, 2017

ISU MEMBER: _____

COUNTRY: _____

TEAM NAME _____

CATEGORY:

<input type="checkbox"/>	SENIOR	<input type="checkbox"/>	JUNIOR	<input type="checkbox"/>	ADV.NOVICE
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NUMBER of PEOPLE: _____

ARRIVAL DATE: _____

DEPARTURE DATE : _____

TIME OF DEPARTURE: _____

YOUR HOTEL ADDRESS: _____

Place & date:	Signature:	Title:
Return to: SPRING CUP 2018 - ORGANIZING COMMITTEE e-mail: springcup@precisionskating.it		



Form N. 6

PAYMENT SUMMARY

Please fill it in type or write in capital letters.

DEADLINE JANUARY 2, 2018

TEAM NAME: _____

CATEGORY:

	SENIOR		JUNIOR		ADV.NOVICE
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COUNTRY: _____

ENTRY FEE	Price		
SENIOR/JUNIOR TEAM	€ 450,00		
ADVANCED NOVICE TEAM	€ 400,00		
TOTAL AMOUNT (Euro)			
To be payed not later than January 2 nd , 2018			
EXTRA PRACTICE ICE	Price	Number of Blocks to be reserved	
PALASESTO ARENA Each 15 MIN block	€ 85,00	...	
BERGAMO ICE RINK Each 15 MIN block ONLY WEDNESDAY 22 nd AND THURSDAY 23 rd EVENING	€ 85,00	...	
NOTE: Ice resurface will take place only after a minimum of 4 consecutive ice blocks			
TOTAL AMOUNT (Euro)			
To be payed not later than January 20 th , 2018			

Place & date:	Signature:	Title:
Return to: SPRING CUP 2018 - ORGANIZING COMMITTEE e-mail: springcup@precisionskating.it		

**Form N. 7**

MEDICAL NOTIFICATION **SKATER HEALTH CARE**

This form is valid for this Competition only

THIS FORM, COMPLETED IN ALL PARTS, MUST BE HANDED OVER AT THE TIME OF REGISTRATION AT THE REGISTRATION DESK.

Please fill it in type or write in capital letters

To improve medical care of each skater at ISU Events, in case of emergency, the ISU Medical Advisors request that the skaters fill out this form prior to the Event or at Registration/Accreditation of each event

[illegible]



Form N. 8

PLANNED PROGRAM CONTENT

Please fill it in type or write in capital letters.

THIS FORM MUST BE RETURNED BEFORE 10.01.2018

Competition: **SPRING CUP 2018**

Team name:	
Nation:	FREE SKATING

ELEMENTS IN ORDER OF SKATING DURING THE PROGRAM

1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16		32	

PLEASE FILL IN SEPARATE FORMS FOR THE SHORT PROGRAM AND FREE SKATING

Return to: **SPRING CUP 2018 - ORGANIZING COMMITTEE**
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Form N. 9

PLANNED PROGRAM CONTENT

Please fill it in type or write in capital letters.

THIS FORM MUST BE RETURNED BEFORE 10.01.2018

Competition: **SPRING CUP 2018**

Team name:	
Nation:	SHORT PROGRAM

ELEMENTS IN ORDER OF SKATING DURING THE PROGRAM

1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	

PLEASE FILL IN SEPARATE FORMS FOR THE SHORT PROGRAM AND FREE SKATING

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PACKAGE SUMMARY

Form	Deadline
Preliminary entry Form	November 20, 2017
Form 1: Team Entry	December 15, 2017
Form 2: Team Contact	December 15, 2017
Form 3: Judges, Referees, Technical Controllers, Technical Specialists, Data Replay Operators Entry	December 15, 2017
Form 4: Music and Press Information	January 10, 2018
Form 5: Team Travel Information	December 15, 2017
Form 6: Payment entry fee	January 2, 2018
Form 6: Payment extra ice	January 20, 2018
Form 7: Skater Health Care	Time of registration
Form 8: Planned Program Content Free Program	January 10, 2018
Form 9: Planned Program Content Short Program	January 10, 2018