

## Communication No. 2244 Appendix A

ISU MEMBER APPLICATION FORM VISITING ISU COACH DEVELOPMENT SUPPORT				
ISU MEMBER:				
NAME and CONTA	ACT infor	mation of person completing applic	ation:	
Name:				
Address:				
E-mail:	Telephone:			
Application for:		Singles		Ice Dance
		Pair Skating		Synchronized Skating
		Short Track Speed Skating		Speed Skating
2. What spec	ific assist	ance would you need from a Visitir	ng ISU Co	pach?

3.	How will the assistance provided by a Visiting ISU Coach fit into your Federation's overall strategy?
4	
4.	How do you propose to measure the success of the Visiting ISU Coach's assistance and who will be responsible for this?
5.	Indicate preferred dates for the stay of a Visiting ISU Coach in your country.
<u>J.</u>	indicate preferred dates for the stay of a visiting 100 coach in your country.

6. Provide a suggested initial sched	ule of the Visiting ISU Coach's stay in your country.			
Place:	Date			
Signature of ISU Member President	Signature of ISU Member General Secretary			
E-mail simultaneously to:				
ISU Development Commission	ISU Secretariat			
dycommission@isu.ch	development@isu.ch			