

A TEAM DETAILS

Team Name		Federation	City
Coach	Assistant Coach	Team Manager	Contact Name
Street		City	ZIP/Postal code - State
email		Phone	Fax
Team Website / Facebook Page			

B COMPETITION

Number of Skaters	Average Age of Skaters
Theme of the Program	

C ENTRY FEE

Synchro Team 500 €

The competition entry fee is not subject to refund for any reason.

D TRANSPORTATION

We are interested in personal transportation upon arrival in Munich/Memmingen

Fax: + 49 83322 700 511

Date of Arrival (DD.05.2013	Arrival Time	Airport	Flight Number	Number of Passengers
Date of Arrival (DD.05.2013	Arrival Time	Airport	Flight Number	Number of Passengers
Date of Arrival (DD.05.2013	Arrival Time	Airport	Flight Number	Number of Passengers
Date of Arrival (DD.05.2013	Arrival Time	Airport	Flight Number	Number of Passengers
Contact details for transportation				
Name	Email	Address		
Please send entry form to	Fax: +49 -89 -89	f-Union e.V Menzinger Str. 6 9120320 AND erstdorf - Stefan Betz - 2-6 Ro		

sb@oberstdorf-sport.de



Team Entry Form

International Adult Figure Skating Competition Oberstdorf, Germany, May 14-18, 2013 (Close of Entry: March 15, 2013)

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E SYNCHRO SEMINAR					
Synchro Seminar on Thursday May 24t	h 15€ Numl	ber of Participants			
Technical rules and judging of technical Criteria and judging of the 5 component		ll in €			
F					
F BANQUET					
To be held following the conclusion	of competitions on S	Saturday, May 18t	h 2013		
Number of Participant Tickets (20 €)	Number	of Non-Participant	Tickets (35 €)	Total in €	
G GRAND TOTAL IN €					
Entry Fees		_			
Seminars					
Banquet					
GRAND TOTAL					
Payment Information					
Bank Transfer	Credit Card	VISA	Mastercard		
If you pay by money order you	Card Number			Validation Code	
<u>must enclose the money order</u> <u>receipt.</u>	Card Number		Expiry Date	Validation Code	
	Cardholder Signat	ure	Date		



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F DECLARATIONS

In accordance with ISU Rule 119 regarding Medical Insurance and ISU Rule 141 regarding Safety, the German Federation, the BLZ Oberstdorf and the ISU take no responsibility for liability with respect to bodily or personal injury or property loss or damage incurred by competitors or officials. Each entrant is expected to provide his/her own insurance. The organizer will provide medical services for all competitors and officials during practice and competition.

I, the undersigned, intending to be legally bound, hereby certify that all team members named on this form are physically fit and have not been otherwise informed by a physician. It is my responsibility to notify the Organizer of any change in health condition of any team member between the date of the close of entries and the competition. I acknowledge that all team members are aware of all the risks inherent in figure skating and agree, on behalf of themselves and their families, to assume those risks. As a condition of participation in the International Adult Figure Skating Competition or any activities incident thereto, all team members hereby waive any and all rights to claims for loss or damages caused by the negligence, active or passive, of the ISU, the Deutsche Eislauf-Union e.V. and the BLZ Oberstdorf, and this entry shall be accepted only on the basis of this waiver.

I have read, studied and understood the content and criteria of this form and I accept with my signature the abovementioned conditions.



Team Entry Form

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PLANNED PROGRAM CONTENT

Team Name

Federation

Team Manager

ELEMENTS IN ORDER OF SKATING

Time*	Elements	Mark transition elements (non-scoring elements) with a "T"

Please send entry form to



J TEAM MEMBERS

Team Name

Team Members in alphabetical order. Please indicate the captain with (C) and male skaters with (M)

	Surname	First Name	Date of Birth	Citizenship
1				
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