

12. TIRNAVIA ICE CUP

October 31 – November 3, 2019



Composition of Delegation:

THIS FORM MUST RETURN BEFORE: 10.10.2019

Please fill in with type or write in capital letters!

ISU Member Federation: _____
Figure Skating Club: _____

A. Team-Leader: _____

B. Competitors

First Name	Last Name	First Name	Last Name
1: _____	_____	10: _____	_____
2: _____	_____	11: _____	_____
3: _____	_____	12: _____	_____
4: _____	_____	13: _____	_____
5: _____	_____	14: _____	_____
6: _____	_____	15: _____	_____
7: _____	_____	16: _____	_____
8: _____	_____	17: _____	_____
9: _____	_____	18: _____	_____

C. Judges

First Name	Last Name	First Name	Last Name
1: _____	_____	3: _____	_____
2: _____	_____	4: _____	_____

ISU Member Federation: _____

Date, Signature: _____

Please mail:

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