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| **ISU Member Federation:** |       |
|  |  |
|  |  |
| **A. Team-Leader:** |       |
| **Assistant Team-Leader:** |       |
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##  B. Competitors

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|  | **Surname** |  | **Given Name** |  |  | **Surname** |  | **Given Name** |

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| 1: |       |  |       |  | 10: |       |  |       |
| 2: |       |  |       |  | 11: |       |  |       |
| 3: |       |  |       |  | 12: |       |  |       |
| 4: |       |  |       |  | 13: |       |  |       |
| 5: |       |  |       |  | 14: |       |  |       |
| 6: |       |  |       |  | 15: |       |  |       |
| 7: |       |  |       |  | 16: |       |  |       |
| 8: |       |  |       |  | 17: |       |  |       |
| 9: |       |  |       |  | 18: |       |  |       |
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##  C. Judges

|  |  |  |  |  |  |  |  |  |
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|  | **Surname** |  | **Given Name** |  |  | **Surname** |  | **Given Name** |

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| 1: |       |  |       |  | 3: |       |  |       |
| 2: |       |  |       |  |  |       |  |       |
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##  D. Coaches

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Surname** |  | **Given Name** |  |  | **Surname** |  | **Given Name** |

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| 2: |       |  |       |  | 11: |       |  |       |
| 3: |       |  |       |  | 12: |       |  |       |
| 4: |       |  |       |  | 13: |       |  |       |
| 5: |       |  |       |  | 14: |       |  |       |
| 6: |       |  |       |  | 15: |       |  |       |
| 7: |       |  |       |  | 16: |       |  |       |
| 8: |       |  |       |  | 17: |       |  |       |
| 9: |       |  |       |  | 18: |       |  |       |
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## E. Team Officials (Only members of the council, technical committee, or similar, or members of the head office of the entered Member Federation)

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| --- | --- | --- | --- | --- | --- |
|  | **Surname** |  | **Given Name** |  | **Function in Federation** |

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| 1: |       |  |       |  |       |
| 2: |       |  |       |  |       |
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**F. Team Doctor / Physiotherapist**

**(A certification of the profession of a Doctor or Physiotherapist must be attached.)**

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|  | **Surname** |  | **Given Name** |  |  **Function** |

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| 1: |       |  |       |  |  | (Doctor) |  |  |
| 2: |       |  |       |  |  | (Physiotherapist) |  |  |
|  |  |  |  |  |  |  |  |  |

## G. Accompanying persons to a Judge (only relatives or partner in life are accepted)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Surname** |  | **Given Name** |  |  | **Surname** |  | **Given Name** |

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| 1: |       |  |       |  | 3: |       |  |       |
| 2: |       |  |       |  |  |       |  |       |
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## H. Chaperones

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Surname** |  | **Given Name** |  |  | **Name** |  | **Given Name** |

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| 2: |       |  |       |  | 11: |       |  |       |
| 3: |       |  |       |  | 12: |       |  |       |
| 4: |       |  |       |  | 13: |       |  |       |
| 5: |       |  |       |  | 14: |       |  |       |
| 6: |       |  |       |  | 15: |       |  |       |
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| 8: |       |  |       |  | 17: |       |  |       |
| 9: |       |  |       |  | 18: |       |  |       |
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| Please note:  | Accreditations will be made available only for one Team Leader per Team, one Assistant Team Leader (for Teams with 6 and more competitors participating), for Competitors, Coaches (one per skater), Officials (maximum two, President included), one Team-Doctor and one Physiotherapist.  |

**The undersigned ISU Member guarantees that the requested accreditation of Team Members will correspond to their function within the Team / ISU Member Federation. A certification to prove the status of the Team Members entered under “E” and “F” needs to be attached to this form; otherwise no Accreditation will be provided to these persons.**

|  |  |
| --- | --- |
| **ISU Member Federation**: |       |
| **Date, Signature**: |       |