

# RIG 2018 – Composition of Delegation

January 26.-28. 2018

Reykjavík, ICELAND

**THIS FORM MUST BE RETURNED BEFORE: 01.12.2017**

Please fill in with type or write in capital letters!

FORM 01

E-mail form to [events@iceskate.is](mailto:events@iceskate.is)

ISU Member Federation: \_\_\_\_\_

A. Team-Leader: \_\_\_\_\_

Assistant Team-Leader: \_\_\_\_\_

## B. Competitors

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

## C. Judges

Surname	Given Name	Surname	Given Name
1: _____	_____	3: _____	_____
2: _____	_____	_____	_____

## D. Coaches

Surname	Given Name	Surname	Given Name
1: _____	_____	10: _____	_____
2: _____	_____	11: _____	_____
3: _____	_____	12: _____	_____
4: _____	_____	13: _____	_____
5: _____	_____	14: _____	_____
6: _____	_____	15: _____	_____
7: _____	_____	16: _____	_____
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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)**

Surname	Given Name	Function in Federation
1: _____	_____	_____
2: _____	_____	_____

**F. Team Doctor / Physiotherapist**

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

Surname	Given Name	Function
1: _____	_____	(Doctor)
2: _____	_____	(Physiotherapist)

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

Surname	Given Name	Surname	Given Name
1: _____	_____	3: _____	_____
2: _____	_____	_____	_____

**H. Chaperones**

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

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.



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ISU Member Federation:

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Date, Signature:

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