



Junior Grand Prix of Figure Skating 2009/2010

CROATIA CUP

Composition of Delegation

THIS FORM MUST RETURN BEFORE: SEPTEMBER 6, 2009

Please fill in with type or write in capital letters!

ISU Member Federation: _____

A. Team-Leader: _____

Assistant Team-Leader: _____

B. Competitors

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

C. Judges

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

D. Coaches

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

E. Team Officials (Only members of the council, technical committee or similar or members of the head office of the entered Member Federation)

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



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ISU Member Federation: _____

F. Team Doctor / Physiotherapist

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

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

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

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

H. Chaperones (bus permit)

Name	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. Chaperones (one per competitor) will receive no accreditation, but a bus permit.

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: _____

Please note that the procedures in regard to entry forms and declaration forms as outlined in ISU Communication 1523 need to be strictly observed.

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