**Composition of Delegation**

**Please, return this form not later than 30 January, 2020**

|  |  |
| --- | --- |
| **Member Federation:** |  |
| **Club Name:** |  |
| **Team Leader Name:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **E-mail:** |  |

**Competitors**

Nr. FAMILY NAME Given name Nr. FAMILY NAME Given name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  | 8. |  |  |
| 2. |  |  |  | 9. |  |  |
| 3. |  |  |  | 10. |  |  |
| 4. |  |  |  | 11. |  |  |
| 5. |  |  |  | 12. |  |  |
| 6. |  |  |  | 13. |  |  |
| 7. |  |  |  | 14. |  |  |

**Judges**

Nr. FAMILY NAME Given name Nr. FAMILY NAME Given name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  | 2. |  |  |

**Coaches**

Nr. FAMILY NAME Given name Nr. FAMILY NAME Given name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  | 3. |  |  |
| 2. |  |  |  | 4. |  |  |

**Chaperons**

Nr. FAMILY NAME Given name Nr. FAMILY NAME Given name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  | 4. |  |  |
| 2. |  |  |  | 5. |  |  |
| 3. |  |  |  | 6. |  |  |

ISU Member Federation:

Date, Signature: