

Program Content

THIS FORM MUST RETURN BEFORE

Please fill in by computer or write in capital letters!

For pairs and dance couples it is sufficient if one partner fills in the following form	
ISU Member:	
Category: Men <input type="checkbox"/> Ladies <input type="checkbox"/> Pairs <input type="checkbox"/> Ice Dancing <input type="checkbox"/>	
Competitor(s):	

ELEMENTS IN ORDER OF SKATING

	Elements SP / OD
1	
2	
3	
4	
5	
6	
7	
8	

	Elements FS / FD
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

ISU Member Federation: _____

Date, Signature: _____