This form must return **before** .**Sunday December 15th 2024, 12:00h** to hskhasselt@gmail.com **AND TO** icetalenttrophy@gmail.com

Planned elements must be sent before :. **Wednesday December 18th 2024, 12:00h.**

directly to :

mariabouwens@hotmail.com , the regional secretary

Please fill in with type or write in capital letters!

|  |  |
| --- | --- |
| Club name: |  |
| Club address: |  |
| Zip code: |  |
| City: |  |
| Country: |  |
| Correspondent: |  |
| Mobile Phone number: |  |
| Email: |  |
|  |
| JUDGES |
|  | NAME | SURNAME |
| 2 |  |  |
| 3 |  |  |

This form must return before **Sunday December 15th 2024, 12:00h** at hskhasselt@gmail.com AND TO icetalenttrophy@gmail.com

Please fill in with type or write in capital letters!

|  |
| --- |
| PARTICIPANTS |
|  | NAME | SURNAME | DATE OF BIRTH | SEX | CATEGORY | COACH | NATIONALITY | PHONE | EMAIL |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |
| TOTAL AMOUNT OF ENTRY FEES |  |  |