

Application Form

application must be returned by June 15, 2011 to:

POLISPORTIVA COMUNALE RICCIONE

Via Forlimpopoli 15 – 47838 Riccione (Italy)

Fax 00 39 0541 643559 – Phone 0039 0541 643559 info@polcomriccione.com

International Skate Team Trophy (6° edition)

1 – 2 July 2011 – Riccione (Italy)

Name of the Society: _____

Address: _____

Postcode: _____ Town: _____ Country: _____

Tel.N.: _____ Fax: _____ E-mail address: _____

Transportation: Car: _____ Bus: _____

Person responsible for the team: _____ Tel.N. _____

Name of the team: _____

Categories you are taking part in:

GROUPS SHOW PROMOTIONAL
title: _____

QUARTETS
title: _____

JEUNESSE GROUPS
title: _____

CADET QUARTETS
title: _____

SMALL GROUPS
title: _____

QUARTETS D.N.
title: _____

LARGE GROUPS
title: _____

PRECISION JUNIOR
title: _____

SMALL GROUPS D.N.
title: _____

PRECISION SENIOR
title: _____

I declare that the above-mentioned athletes are regular membership of the society and in order with the medical regulations required.

Sport Society President

Please compile form of participation for every category and make list of skaters. Clubs, which participate in more categories must send also a list of all their athletes.