

REGISTRATION FORM

FILL OUT AND SEND UNTIL 10 JUNE

By email indicating in the subject "Iscrizione Trophy 2024" to: iscrizioni@pattinaggioriccione.it

Club _____

Address of club _____ Postal code _____ City _____ Country _____

email _____ Phone / Phone referent _____

Responsible of group _____

Name of group _____

CATEGORY YOU WANT TO TAKE PART

FISR CATEGORIES			
QUARTETS	TITLE	PRECISION	TITLE
CADET		JUNIOR	
JUNIOR		SENIOR	
SENIOR			
GROUPS	TITLE	NATIONAL DIVISION	TITLE
JUNIOR		QUARTETS	
SMALL		SMALL GROUPS	
LARGE			

PROMOTIONAL CATEGORIES			
QUARTETS	TITLE	PRECISION	TITLE
KIDS		YOUNG	
YOUNG		MASTER	
MASTER			
SMALL SHOW GROUPS	TITLE	LARGE SHOW GROUPS	TITLE
KIDS			
YOUNG			
MASTER			

I declare that all athletes are licensed regularly and comply with the medical regulations.
Send a registration form for each category entered with the list of participating athletes attached.
For companies that register more than one category, please also attach the summary list of all registered athletes.

HOTEL BOOKING UNTIL 10 JUNE to CONSORZIO RICCIONE SPORT

Tel. +39 0541 604160 Mob. +39 334 9165267 segreteria@riccionesport.it



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ATHLETES LIST

(TO BE COMPLETED, ONE FOR GROUP)

NAME OF GROUP _____

TITLE COMPOSITION _____

CATEGORY _____ NUMBER OF ATHLETES _____ RESERVES _____

	SURNAME	NAME	CLUB	DATE OF BIRTH
1				
2				
3				
4				
5				
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