This form must return before **Wednesday December 18th 2019, 13:00h** to [hskhasselt@gmail.com](mailto:hskhasselt@gmail.com) **AND TO** [icetalenttrophy@gmail.com](mailto:icetalenttrophy@gmail.com)

Planned elements must be sent before : **Friday January 10th 2020, 14:00h**

directly to both: [ludod@telenet.be](mailto:ludod@telenet.be) , the national competition coordinator

and to [mariabouwens@hotmail.com](mailto: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 **Wednesday December 18th 2019, 13:00h** at [hskhasselt@gmail.com](mailto:hskhasselt@gmail.com) AND TO [icetalenttrophy@gmail.com](mailto: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 |  |  | |  |  |  |  |  |  |  |
| 5 |  |  | |  |  |  |  |  |  |  |
| 6 |  |  | |  |  |  |  |  |  |  |
| 7 |  |  | |  |  |  |  |  |  |  |
| 8 |  |  | |  |  |  |  |  |  |  |
| 9 |  |  | |  |  |  |  |  |  |  |
| 10 |  |  | |  |  |  |  |  |  |  |
| 11 |  |  | |  |  |  |  |  |  |  |
| 12 |  |  | |  |  |  |  |  |  |  |
| 13 |  |  | |  |  |  |  |  |  |  |
| 14 |  |  | |  |  |  |  |  |  |  |
| 15 |  |  | |  |  |  |  |  |  |  |
| 16 |  |  | |  |  |  |  |  |  |  |
| TOTAL AMOUNT OF ENTRY FEES | | |  |  | | | | | | |