**Form 0**

**PRELIMINARY ENTRY**

**Please return this form before 1 December 2021**

to Organizing Committee: info@mixedagetrophy.ch

|  |  |
| --- | --- |
| **ISU Member** |  |
| **Number of participating teams** |  |

|  |  |
| --- | --- |
| **Team Leader** (contact person) |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |

|  |  |
| --- | --- |
| **Team name** (if already selected) |  |
| **Team name** (if already selected) |  |
| **Team name** (if already selected) |  |
| **Team name** (if already selected) |  |

|  |  |
| --- | --- |
| **Date**  | **Signature**  |

