***Synchronized skating competition 12.-15.12.2024. Riga, Latvia***

**OFFICIAL ENTRY Form 1**

**DEADLINE October 15, 2024**

|  |  |
| --- | --- |
| ISU member: |  |
| Category: |  |
| Team name: |  |
| Country: |  |
| Team manager: /officials name& address |  |
| Email: |  | phone Nr: |  |
| Team leader: |  |
| Email: |  | phone Nr: |  |
| Team personnel: |  |
| Email: |  | phone Nr: |  |
| Medical: |  |
| Email: |  | phone Nr: |  |
| Team coaches: Name and signature |  | … |  |
|  | … |  |
|  | … |  |

|  |  |  |
| --- | --- | --- |
| **Date:** | **Title:** | **Name:** |

**Please return this form to the Riga Amber Cup 2024 Organizing Committee as a Word document via email to: RigaAmberCup@inbox.lv**