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

**TEAM ENTRY (for each team separately) Form 3**

**DEADLINE October 15, 2024**

|  |  |
| --- | --- |
| **ISU member:** | **Country:** |
| **Team:** | **Category:** |
| **Coach:** | **Coach:** |

**Team members in alphabetical order followed by alternates, indicate Captains with “C”**

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|  | **Name** | **Date of birthdd.mm.yyyy** | **Citizenship** |
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| 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**