International Synchronized Skating Competition Eindhoven, the Netherlands 12-13-14-15th of December 2019

OFFICIAL ENTRY FORM

12-13-14-15 of December 2019

A separate entry form must be submitted for each team entered DEADLINE the 7th of October 2019
Please type or write in capital letters

		Team name				
	SENIOR B					
JUNIOR B						
ADULT						
MIXED AG						
	BASIC NO	ICE				
	JUVENILE					
	PRÉ-JUVE	IILE				
ISU MEMBE	R:					
TEAM NAME	<u>:</u> :					
NAME OF CLUB:						
TEAM MANA	GER NAME		_			
ADDRESS +	ZIP CODE		_			
COUNTRY			_			
EMAIL			-			
CONTACT N	0.					
TEAM COACH: NAME IN CAPITALS AND SIGNATURE						
CLOSING DATE FOR OFFICIAL ENTRY IS THE 7 TH OF OCTOBER 2019 Organizing Committee reserves the right whether or not to accept late or incomplete entries						
PAYMENT DETAILS						
BANK TRANSFER		Transfer amount € MADE ON (DATE)				
PLEASE MAKE PAYMENT BY DIRECT BANK TRANSFER . SEPERARATE ENTRY FORMS ARE REQUIRED FOR EACH. FOR THOSE WHO ENTER MORE TEAMS A PAYMENT SUMMARY (FORM 5) IS AVAILABLE.						
		Stichting Lumière Cup NL84RABO0334619637 RABONL2U				
Clearly point out: "Lumière Cup 2019-name of the team and category on all payments.						

Commissions and any bank transaction fees will be at your charge and have to be paid directly to the bank. The organizing committee must receive the net amount of abovementioned entry fees.

Name & title:

International Synchronized Skating Competition Eindhoven, the Netherlands 12-13-14-15th of December 2019

TEAM MEMBERS DEADLINE the 7th October 2019

Please type or write in capital letters

A separate entry form must be submitted for each team entered

	licate team captain with an asteri SKATER'S NAME Please write in capitals or very clearly & mark MALE skaters with an 'M'	Date of Birth (dd/mm/yyyy)	Age On 1 July 2019	Citizinship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Place & date:

Signature:



LUMIÈRE CUP 2019

International Synchronized Skating Competition Eindhoven, the Netherlands 12-13-14-15th of December 2019

Music Information

DEADLINE 7th of October 2019

Please type or write in capital letters

TEAM NAME:	CATEGORY:					
All music must	All music must be provided as mentioned in the announcement					
NOTE: <u>A TEAM PHOTOGRAPH I</u> PLEASE S	S REQUIRED FO END IT TOGETH	R THE PROGRAMME ER WITH THE ENTR	E AND POSSIBLY THE PRESS. Y FORM			
MUSIC DETAILS (Please fill in carefully as this information)	ation is required fo	or entry)				
Free Skating Program Music Title:		Composer(s):				
	Tiı	me: (Mins / Secs)				
	1					
Name & title:	Place & date:		Signature:			



LUMIÈRE CUP 2019

International Synchronized Skating Competition Eindhoven, the Netherlands 12-13-14-15th of December 2019

PAYMENT SUMMARY

DEADLINE the 7th of October 2019 Please type or write in capital letters

EAM NAMI	=: 					
CATEGORY	· .					
AILGORI	•			Tea	am name	\neg
	SENIOR B					
	JUNIOR B					
	ADULT					
	MIXED AGE					
	BASIC NOVICE					
	JUVENILE					
	PRE-JUVENILE					
COUNTRY:						
	ENTRY FEE			Price		
ALL CATEGORIES		€ 400,-				
EXTRA PRA			Price	Number of blocks to be reserved		AL
INDOOR ICE RINK			€ 60,-			
OUTDOOR	ICE RINK		€ 45,-			
		l	TOTAL	AMOUNT (euro	o)	
Name & title: Place & da		te:		Signature:		

Account Holder : Stichting Lumière Cup IBAN : NL84RAB00334619637

BIC : RABONL2U

Clearly point out: "Lumière Cup 2019-name of the team and category on all payments.

Commissions and any bank transaction fees will be at your charge and have to be paid directly to the bank. The Organizing Committee must receive the net amount the entry fees.

Free Skating Program Content Sheet DEADLINE the 7th of October 2019 Please type or write in capital letters

Lumière Cup 2019			_ Please complete in type or write	
		oven, The Netherlands 12-	in capital letters. Please only use ISU element codes.	
CL	UB:			
CA	TEG	GORY:		
TE	AM:			
		EL	LEMENTS IN ORDER OF SH	KATING
		Elements Free SI	kating program	
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
Na	me &	& title:	Place & date:	Signature:

TEAM TRAVEL/ACCOMMODATION INFORMATION DEADLINE the 28th October 2019 Please type or write in capital letters

TEAM NAME	CATEGORY			
Travel by plane	Arrival	Departure		
Airport:		•		
Date:	ı			
Time:				
Flight Number:				
Number of persons:				
Travel by own bus/cars	Arrival	Departure		
Date:				
Time:				
Number of persons:				
Accommodation	Arrival	Departure		
Name:				
City:				
Date:				
Number of persons:				
Please tick if you need	shuttlebus airport/hotel			
☐ YES we need trans	sportation. Please inform us about c	conditions.		
☐ ONE TRIP ☐ F	ROUND TRIP			
Name & title:	Place & date:	Signature:		