



## Composition of Delegation

**THIS FORM MUST BE RETURNED BY: FEBRUARY 17, 2014**

Please fill in with computer or write in capital letters!

**Form C 01/1**

**ISU Member Federation:** \_\_\_\_\_

**A. Team-Leader:** \_\_\_\_\_

**Assistant Team-Leader:** \_\_\_\_\_

### B. Competitors

Name	Given Name	Name	Given Name
1: _____	_____	10: _____	_____
2: _____	_____	11: _____	_____
3: _____	_____	12: _____	_____
4: _____	_____	13: _____	_____
5: _____	_____	14: _____	_____
6: _____	_____	15: _____	_____
7: _____	_____	16: _____	_____
8: _____	_____	17: _____	_____
9: _____	_____	18: _____	_____

### C. Judges

Name	Given Name	Name	Given Name
1: _____	_____	3: _____	_____
2: _____	_____	4: _____	_____

### D. Coaches

Name	Given Name	Name	Given Name
1: _____	_____	10: _____	_____
2: _____	_____	11: _____	_____
3: _____	_____	12: _____	_____
4: _____	_____	13: _____	_____
5: _____	_____	14: _____	_____
6: _____	_____	15: _____	_____
7: _____	_____	16: _____	_____
8: _____	_____	17: _____	_____
9: _____	_____	18: _____	_____

### E. Team Officials (Only members of the council, technical committee or similar or members of the head office of the entered Member Federation)

Name	Given Name	Function in Federation
1: _____	_____	_____
2: _____	_____	_____

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Form C 01/2

ISU Member Federation: \_\_\_\_\_

### F. Team Doctor / Physiotherapist

**(A certification of the profession of a Doctor or Physiotherapist must present.)**

Name	Given Name	Function
1: _____	_____	(Doctor)
2: _____	_____	(Physiotherapist)

### G. Accompanying Person to a judge – (Only partner or relative to the judge!!!)

Name	Given Name	Name	Given Name
1: _____	_____	3: _____	_____
2: _____	_____	_____	_____

### H. Chaperones (one per skater, chaperones will only receive a bus permit)

Name	Given Name	Name	Given Name
1: _____	_____	10: _____	_____
2: _____	_____	11: _____	_____
3: _____	_____	12: _____	_____
4: _____	_____	13: _____	_____
5: _____	_____	14: _____	_____
6: _____	_____	15: _____	_____
7: _____	_____	16: _____	_____
8: _____	_____	17: _____	_____
9: _____	_____	18: _____	_____

Please note: Accreditations will be made available only for one Team Leader per Team, one Assistant Team Leader (for Teams with 6 and more competitors participating), for Competitors, Coaches (one per skater), Officials (maximum two, President included), one Team-Doctor and one Physiotherapist.

All persons mentioned on this form (except those under G) must fill out the Declaration form as per ISU Communication No. 1628 or any update of this communication and send it to the ISU Secretariat ([declaration@isu.ch](mailto:declaration@isu.ch)) at the **latest 2 weeks before the start of the Event.**

The undersigned ISU Member guarantees that the requested accreditation of Team Members will correspond to their function within the Team / ISU Member Federation. A certification to prove the status of the Team Members entered under "E" and "F" needs to be attached to this form; otherwise no accreditation will be provided to these persons.

ISU Member Federation: \_\_\_\_\_

Date, Signature: \_\_\_\_\_

**please mail or fax to:**

Bulgarian Skating Federation  
 90 Knyaz Boris I Str., 1000 Sofia  
 Bulgaria  
 fax: +359 2 987 77 71  
 e-mail: [office@bsf.bg](mailto:office@bsf.bg)

**and:**

ISU Secretariat  
 Chemin de Primerose 2  
 CH-1007 Lausanne  
 fax: ++41 21 612 66 77  
 e-mail: [entries@isu.ch](mailto:entries@isu.ch)