December 1 to 3, 2017



Entry Form for Competitors

THIS FORM MUST RETURN BEFORE: Sunday, November 5, 2017

Please attach additional sheet if necessary and fill in by computer.

FORM 02 / 1 / Senior Men

ISU Member Federation	:	
BASIC SENIOR MEN		
Name	Given Name	Date of birth DD/MM/YY
1:	Cite in state of	22,
2:		
3:		
BASIC SENIOR LADIES		
Name	Given Name	Date of birth DD/MM/YY
1:	Given Name	DD/HIHI/11
2:		
3:		
ELITE JUNIOR MEN		
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:		
ELITE JUNIOR LADIES		
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:		
ISU Member Federation :		

Fax: <+662 186 7555> Phone: <+66 2 186 7555 >

December 1 to 3, 2017



Entry Form for Competitors

THIS FORM MUST RETURN BEFORE: Sunday, November 5, 2017

BASIC JUNIOR MEN		
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:		
BASIC JUNIOR LADIES		
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:	<u></u>	
ADVANCED NOVICE BOYS		
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:		
ADVANCED NOVICE GIRLS		
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:		

Date, Signature:

Fax: <+662 186 7555> Phone: <+66 2 186 7555 >

December 1 to 3, 2017



FORM 02 / 3 / Basic Novice Boys

Entry Form for Competitors

Please attach additional sheet if necessary and fill in by computer.

THIS FORM MUST RETURN BEFORE: Sunday, November 5, 2017

ISU Member Federation :		
BASIC NOVICE BOYS SUBGR	ROUP B	
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:		

		<u> </u>
BASIC NOVICE GIRLS SUBG	BROUP B	
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:		
BASIC NOVICE BOYS SUBG	ROUP A	
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		

BASIC NOVICE GIRLS SUBG	ROUP A	
Name	Given Name	Date of birth DD/MM/YY
1:		
2:		
3:		

ISU Member Federation :	
Date, Signature :	

Fax: <+662 186 7555> Phone: <+66 2 186 7555 >

December 1 to 3, 2017



FORM 02 / 4 / Advanced Pre-Novice

Entry Form for Competitors

Please attach additional sheet if necessary and fill in by computer.

THIS FORM MUST RETURN BEFORE: Sunday, November 5, 2017

PRE-NOVICE E	OYS		
Nam		Given Name	Date of birth DD/MM/YY
1:	!	Given Name	DD/(VIVI)/ 1
2:			
3:			
PRE-NOVICE (iIRLS		
Nam		Given Name	Date of birth DD/MM/YY
1:			
2:			
3:			<u> </u>
JUVENILE BO	' S		
Nam		Given Name	Date of birth DD/MM/YY
1:			
2:			
3:			
JUVENILE GIR	LS		
Nam		Given Name	Date of birth DD/MM/YY
1:			
2:			
3:			

Date, Signature :

Fax: <+662 186 7555> Phone: <+66 2 186 7555 >