**Form 0**

**PRELIMINARY ENTRY**

**Please return this form before 8 December 2024**

to Organizing Committee: info.basileatrophy@gmail.com

|  |  |
| --- | --- |
| **ISU Member** |  |
| **Club Name** |  |
| **Country** |  |
| **Phone / Mobile** |  |
| **E-Mail** |  |

|  |  |
| --- | --- |
| **Team name** |  |
| **Category** |  |
| **Number of Skaters** |  |

|  |  |
| --- | --- |
| **Team Manager** (contact person) |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |

|  |  |
| --- | --- |
| **Date**  | **Signature**  |

