

PRELIMINARY ENTRY FORM**PLEASE RETURN THIS FORM BY THE 8th of October 2018**

ISU MEMBER : _____	COUNTRY : _____
TEAM : _____	CATEGORY : _____
CLUB : _____	CITY : _____
Please fill in the names of the:	
TEAM MANAGER :	
TEAM CHAPERONNE 1 :	
TEAM CHAPERONNE 2 :	
COACH :	
CO-COACH :	

Signature of team official: and name in capitals	
Position of team official and date:	

Please indicate if you require unofficial practice ice on Thursday the 13th of December or Friday the 14th of December (Advanced Novice) and how many blocks you would ideally like to book. Please let us know if you want to use the indoor or outdoor ice rink.

The unofficial practice ice is in 15 minute blocks.

I would like to reserve _____ blocks at _____ (date)

I would like to outdoor/ indoor rink.

Please email this form as soon as possible to: lumiirecup@hotmail.com, but latest at the 8th of October 2018.

OFFICIAL ENTRY FORM**13-14-15-16 of December 2018****A separate entry form must be submitted for each team entered****DEADLINE the 9th of November 2018****Please type or write in capital letters.**

	Team name
SENIOR ISU	
JUNIOR ISU	
ADVANCED NOVICE ISU	

ISU MEMBER:	
TEAM NAME:	
NAME OF CLUB:	
TEAM MANAGER NAME ADDRESS + ZIP CODE COUNTRY	<div></div> <div></div>
	EMAIL: CONTACT NO:
TEAM COACH: NAME IN CAPITALS AND SIGNATURE	

CLOSING DATE FOR OFFICIAL ENTRY IS THE 9TH OF November 2018**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.**

Account Holder : Kids on Ice
 IBAN : NL17ABO0188251626
 BIC : RABONL2U

Clearly point out: "Lumière Cup 2018-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.

TEAM MEMBERS**DEADLINE the 9th November 2018****Please type or write in capital letters****A separate entry form must be submitted for each team entered**

TEAM NAME _____ CATEGORY _____

Please enter the team members in alphabetical order

Please indicate team captain with an asterisk. *

	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 2018	Citizenship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

ONLY SKATERS WHOSE NAMES ARE LISTED ABOVE WILL BE ALLOWED TO SKATE

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE ALL SKATERS ABOVE ARE ELIGIBLE OR RETAINED ELIGIBLE SKATERS

Name & title:	Place & date:	Signature:

Music Information**DEADLINE 9th of November 2018**
Please type or write in capital letters

All music must be provided as mentioned in the announcement

NOTE: A TEAM PHOTOGRAPH IS REQUIRED FOR THE PROGRAMME AND POSSIBLY THE PRESS.
PLEASE SEND IT TOGETHER WITH THE ENTRY FORM

MUSIC DETAILS <i>(Please fill in carefully as this information is required for entry)</i>	
Short Program (Junior and Senior only) Music Title	Composer(s):
	Time: (Mins / Secs)
Free Skating Program Music Title	Composer(s):
	Time: (Mins / Secs)

Name & title:	Place & date:	Signature:

PAYMENT SUMMARY**DEADLINE the 9th of November 2018****Please type or write in capital letters****TEAM NAME:** _____**CATEGORY:**

	Team name
SENIOR ISU	
JUNIOR ISU	
ADVANCED NOVICE ISU	

COUNTRY: _____

ENTRY FEE	Price		
SENIOR ISU / JUNIOR ISU	€ 500,-		
ADVANCED NOVICE ISU	€ 400,-		
EXTRA PRACTICE ICE Subject to availability	Price	Number of Blocks to be reserved	TOTAL
INDOOR ICERINK THURSDAY 13 th of December 2018	€ 60,-		
OUTDOOR ICERINK THURSDAY 13 th of December 2018	€ 45,-		
INDOOR ICERINK (Advanced Novice ISU) FRIDAY 14 th of December 2018	€ 60,-		
OUTDOOR ICERINK (Advanced Novice ISU) FRIDAY 14 th of December 2018	€ 45,-		
TOTAL AMOUNT (euro)			

Name & title:	Place & date:	Signature:

Account Holder : Kids on Ice
 IBAN : NL17RABO0188251626
 BIC : RABONL2U

Clearly point out: "Lumière Cup 2018-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 Program Content Sheet**DEADLINE the 9th of November 2018****Please type or write in capital letters**

Lumière Cup 2018	Please complete in type or write in capital letters. Please only use ISU element codes.
Eindhoven, The Netherlands 13-14-15-16 th of December	
CLUB:	
CATEGORY:	
TEAM:	
ELEMENTS IN ORDER OF SKATING	

		Elements Free Skating Program
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

Name & title:	Place & date:	Signature:
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Short Program Content Sheet**DEADLINE the 9th of November 2018****Please type or write in capital letters**

Lumière Cup 2018		Please complete in type or write in capital letters. Please only use ISU element codes.
Eindhoven, the Netherlands 13-14-15-16 th of December		
CLUB:		
CATEGORY:		
TEAM:		
ELEMENTS IN ORDER OF SKATING		
		Elements Short Program
1		
2		
3		
4		
5		
6		
7		
8		

Name & title:	Place & date:	Signature:
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