

OLYMPIC AUTUMN CUP 2025

LIST OF ENTRIES

CLUB/ ISU Member............................…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SKATER’s NAME**  **First name/ surname** | **DATE OF BIRTH**  **day/month/year** | **CLASS**  **A/B** | **CATEGORY**  **Pre-chicks…**  **...., senior; girl/boy** |
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Team Leader ..................................................................................................................

Tel.nr ....................…………. e-mail.................................................

Coaches, chaperons .............................................. ..............................................

**Please e-mail to the following address until 16.09.2025 to** [**olympicfsc@gmail.com**](mailto:olympicfsc@gmail.com) **if not registered through Sportity app**