

VORANMELDUNGEN TEAMS

Advanced reservations TEAMS

Team name _____ Nation _____

Person responsible _____

Telephone/Mobilnr _____

Mail address _____

Number of Skater _____ Number of Trainer/Staff _____

Arrival / Departure _____ / _____

Accommodation _____

	Date	morning	afternoon	evening
Which weekdays you	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
want ice training?	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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