



CAMP TWO

OFFICIAL APPLICATION FORM FOR TEAMS (TO BE COMPLETED BY LEAD COACH) DUMFRIES SYNCHRONIZED SKATING DEVELOPMENT CAMP 2011 DUMFRIES ICE BOWL

Monday/Tuesday 9/10th April 2012

Name: _____ Rink: _____

Country: _____ Email Address: _____

_____ (UK Coaches only NISA Licence No. _____)
(Accreditation of NISA 15 Licence Points)

Address: _____

Post/Zip Code: _____ Tel Home: _____ Mob: _____

Signed: _____ Date: _____

TEAM : Category: _____

Team Name: _____ No Of Skaters Attending: _____

Please complete attached "Skater Sheets" for each of your team members

MAXIMUM 8 TEAMS

THE FIRST 8 TEAM APPLICATIONS WILL BE ACCEPTED –

The Fee will cover up to 16 skaters (which may include alternates) and one coach. £750

Additional skaters over 16 (which may include alternates) will be a further £25 per skater

Additional Coaches should complete the Coach Application Form and pay the coaches fee.

TO SECURE A TEAM PLACE PLEASE TRANSFER YOUR TEAM DEPOSIT OF £250 and forward Page 1 of this Application Form either by post or email by the Preliminary Closing Date of 26 January 2012

Skater Sheets together with the completed final section below and the balance of your fee should be received by the: Closing Date of 23rd February 2012

I confirm my bank transfer for the deposit of one team £250 Transfer Date _____

Signature _____

I confirm my bank transfer for the balance of the Fee £500 +
(Please delete if not applicable) _____ Additional Skaters @ £25 = £ _____

Total Transfer £ _____ Transfer Date _____ Signature _____



CAMP TWO

Application forms sent by mail to:

**JUDY CLINTON, SK8SCOTLAND SYNCHRO DEVELOPMENT CAMP (TWO), EXCALIBUR,
NAIRNSIDE, INVERNESS. IV2 5EX.**

Or scanned by email to

sk8scotlandsynchro@hotmail.co.uk

Payments should be made by direct bank transfer to:

Bank: Bank of Scotland, 8 Lochside Avenue, Edinburgh EH12 9DJ
Account Name: NISA Scotland
Sort Code: 12-24-81
Account Number: 06199357

International Entries should additionally quote:

BIC Code: BOFSGBS1BBL
IBAN No: GB34 BOFS 1224 8106 1993 57

Clearly indicate reference: TEAM NAME / CAMP TWO DUMFRIES

And confirm by email that you have made your transfer

sk8scotlandsynchro@hotmail.co.uk

PRELIMINARY CLOSING DATE FOR ALL APPLICATIONS

26 January 2012

FINAL CLOSING DATE FOR ALL APPLICATIONS

23 February 2012



CAMP TWO

DUMFRIES SYNCHRONIZED SKATING DEVELOPMENT CAMP 2011

Attending Team Members – Please complete for each attending team member

SKATER SHEET

Team Name: _____

Name: _____ DOB _____ Age: _____

Address _____

Post Code/Zip Code _____ Country: _____

Contact No: _____ Emergency Contact No: _____

If you have any known medical conditions which the moderators and organisers of the camp should be aware please note them here:

Any allergies or special dietary requirements:

Signed by skaters of 18 or over – or a parent or guardian for skaters under 18

Signature _____ Date _____