**Synchronized Skating Development Training Seminar for Novice Age Skaters and their Coaches**

**in DUNKERQUE, France, June 11-14 2021**

Appendix A: APPLICATION FORM FOR NOVICE SYNCHRONIZED SKATERS AND THEIR COACHES

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| **ISU MEMBER**: | |  | | | | **TEAM NAME** | |
| **COACHES (must be Coaching the Team Members below)** | | | | | | | |
| **Name of Coach:** | | | | | | | |
| **How long have you coached SYS? Coach:** | | | | | | | |
| **SKATERS *(must be from the SAME team)*** | | | | | | | |
| **Name of Skater 1:**  **Name of Skater 2:**  **Name of Skater 3:**  **Name of Skater 4:** | | | | **Date of birth:**  **Date of birth:**  **Date of birth:**  **Date of birth:** | | | |
|  |
|  |
| What type of competition will the Team enter during the coming season? | | | | International | | |  | |
| National Championship | | |  | |
| Is this a new Team for this season? | | Yes  No | | How long has the newest Skater on this Team (applying to attend the seminar) been involve with SYS? | | Less, that 1 year |
| Years: |
| What category will the Team compete in | | Basic Novice  Advanced Novice | |  | |  |
| Why do you wish this TEAM and their Coaches to attend this seminar? | |  | | | | |
|  | |  | |  | |  |
| Date:       A confirmation of participation will be given shortly after the deadline | | | | | | |