

OFFICIAL ENTRY FORM

10-11-12-13 of December 2020

A separate entry form must be submitted for each team entered

DEADLINE the 18th of October 2020**Please type or write in capital letters.**

	Team name
SENIOR B	
JUNIOR B	
ADULT	
MIXED AGE	
BASIC NOVICE	
JUVENILE	
PRÉ-JUVENILE	

ISU MEMBER:	
TEAM NAME:	
NAME OF CLUB:	
TEAM MANAGER NAME	_____
ADDRESS + ZIP CODE	_____
COUNTRY	_____
EMAIL	_____
CONTACT NO.	
TEAM COACH: NAME IN CAPITALS AND SIGNATURE	

CLOSING DATE FOR OFFICIAL ENTRY IS THE 18TH OF OCTOBER 2020**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 : Stichting Lumière Cup
 IBAN : NL84RABO0334619637
 BIC : RABONL2U

Clearly point out: "Lumière Cup 2020-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 18th October 2020****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 2020	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 18th of October 2020****Please type or write in capital letters**

TEAM NAME: _____ CATEGORY: _____

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>	
Free Skating Program Music Title:	Composer(s):
	Time: (Mins / Secs)

Name & title:	Place & date:	Signature:
---------------	---------------	------------

PAYMENT SUMMARY**DEADLINE the 18th of October 2020****Please type or write in capital letters**

TEAM NAME: _____

CATEGORY:

	Team name
SENIOR B	
JUNIOR B	
ADULT	
MIXED AGE	
BASIC NOVICE	
JUVENILE	
PRE-JUVENILE	

COUNTRY: _____

ENTRY FEE	Price		
ALL CATEGORIES	€ 450,-		
EXTRA PRACTICE ICE Subject to availability	Price	Number of blocks to be reserved	TOTAL
INDOOR ICE RINK	€ 70,-		
OUTDOOR ICE RINK	€ 50,-		
TOTAL AMOUNT (euro)			

Name & title:	Place & date:	Signature:

Account Holder : Stichting Lumière Cup
 IBAN : NL84RABO0334619637
 BIC : RABONL2U

Clearly point out: "Lumière Cup 2020-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 Skating Program Content Sheet**DEADLINE the 18th of October 2020**
Please type or write in capital letters

Lumière Cup 2020	Please complete in type or write in capital letters. Please only use ISU element codes.
Eindhoven, The Netherlands 10-11-12-13 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:
---------------	---------------	------------

TEAM TRAVEL/ACCOMMODATION INFORMATION**DEADLINE the 28th October 2020**
Please type or write in capital letters

TEAM NAME _____ CATEGORY _____

Travel by plane	Arrival	Departure
Airport:		
Date:		
Time:		
Flight Number:		
Number of persons:		

Travel by own bus/cars	Arrival	Departure
Date:		
Time:		
Number of persons:		

Accommodation	Arrival	Departure
Name:		
City:		
Date:		
Number of persons:		

Please tick if you need shuttlebus airport/hotel

 YES we need transportation. Please inform us about conditions. ONE TRIP ROUND TRIP

Name & title:	Place & date:	Signature: