

## PRELIMINARY ENTRY

**Please return this form before 06.12.2025**

to Organizing Committee: info.basileatrophy@gmail.com

<b>ISU Member</b>	
<b>Club Name</b>	
<b>Country</b>	

<b>Team name</b>	
<b>Category</b>	
<b>Number of Skaters</b>	

<b>Team Manager (contact person)</b>	
<b>Address</b>	
<b>Phone</b>	
<b>E-Mail</b>	

<b>Date</b>	<b>Signature</b>
-------------	------------------