



Bayerischer Eissport-Verband e.V.

Haus des Sports – Georg-Brauchle-Ring 93 – 80992 München

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Appendix A: Composition of Delegation

Team-Leader: _____

Assistant Team-Leader: _____

Coaches:

	Surname	First name		Surname	First name
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		

Team Officials:

(Only members of the council, technical committee or similar or members of the head of office of the entered Member of Federation)

	Surname	First name	Function in Federation
1.			
2.			
3.			

Team Doctor / Physiotherapist:

(A certification of the profession of a Doctor of Physiotherapist must present.)

	Surname	First name	Function in Federation
1.			Doctor
2.			Physiotherapist
3.			

Chaperones:

(One per skater, chaperones must purchase an all-event ticket)

	Surname	First name		Surname	First name
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		

Date: _____

Signature: _____

Kindly send this form to:

Bayerischer Eissport-Verband e.V.

Fax: +49 89 15 799 220

Email: b.glatz@bev-eissport.de



Entry Deadline: December 15, 2022