

ISU Member Federation: _____

Name of Team: _____

A: Team Manager / Contact Person

Name and Function: _____

Address _____

Phone / Cell Phone _____

Fax _____

Email _____

B: Request for Extra practice ice in the practice rink

Extra Practice Ice in Practice Rink is sold in 15 minutes' blocks 60 EUR each. We will try to allocate the blocks according to your wishes. In case two or more requests for the same time will be made we will assign the practice time in the order the Extra Practice Ice Request reaches the organizer.

Time	Wednesday, 3 rd	Thursday, 4 th	Sum
08:00h – 10:00 h:	_____ Blocks requested	_____ Blocks requested	
10:00h – 12:00 h:	_____ Blocks requested	_____ Blocks requested	
12:00h – 14:00 h:	_____ Blocks requested	_____ Blocks requested	
14:00h – 16:00 h:	_____ Blocks requested	_____ Blocks requested	
16:00h – 18:00 h:	_____ Blocks requested	_____ Blocks requested	
18:00h – 20:00 h:	_____ Blocks requested	_____ Blocks requested	
20:00h – 22:00 h:	_____ Blocks requested		
Number of requested Blocks:	_____ x 60 EUR plus	_____ x 60 EUR =	_____ EUR

Practice Ice Comments

Date, Signature: _____

Please email or fax

to : OC Cup of Berlin 2018
 Deutsche Eislauf-Union e.V.
 Fax: +49 89 89120320
 Email: CoB@eislauf-union.de