

Short Program: <input type="checkbox"/>	Free Skating: <input type="checkbox"/>
Nation:	
Name of Team:	<input type="checkbox"/> Junior <input type="checkbox"/> Senior

ELEMENTS IN ORDER OF SKATING DURING THE PROGRAM

	Elements Short Program
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

	Elements Free Skating
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Date, Signature: _____

Please email or fax

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