

Name of Event: \_\_\_\_\_

Date of the Event: \_\_\_\_\_

Venue: \_\_\_\_\_

Name of the DCO: \_\_\_\_\_

|    | Skaters Printed Name | Skaters Signature | Sign-in Time | Sign-out Time | Accompanying Person | Interpreter /Language | Chaperone |
|----|----------------------|-------------------|--------------|---------------|---------------------|-----------------------|-----------|
| 1  |                      |                   | :            | :             |                     |                       |           |
| 2  |                      |                   | :            | :             |                     |                       |           |
| 3  |                      |                   | :            | :             |                     |                       |           |
| 4  |                      |                   | :            | :             |                     |                       |           |
| 5  |                      |                   | :            | :             |                     |                       |           |
| 6  |                      |                   | :            | :             |                     |                       |           |
| 7  |                      |                   | :            | :             |                     |                       |           |
| 8  |                      |                   | :            | :             |                     |                       |           |
| 9  |                      |                   | :            | :             |                     |                       |           |
| 10 |                      |                   | :            | :             |                     |                       |           |
| 11 |                      |                   | :            | :             |                     |                       |           |
| 12 |                      |                   | :            | :             |                     |                       |           |
| 13 |                      |                   | :            | :             |                     |                       |           |
| 14 |                      |                   | :            | :             |                     |                       |           |
| 15 |                      |                   | :            | :             |                     |                       |           |

This Form must be uploaded in the ITA system