

**ISU MEMBER APPLICATION FOR
PROJECT-BASED DEVELOPMENT SUPPORT**

ISU MEMBERS

ISU MEMBER:

NAME and CONTACT information of person completing the application:

Name:

Address:

E-mail: Telephone:

- Application type:**
- | | |
|--|--|
| <input type="checkbox"/> Single and Pair Skating | <input type="checkbox"/> Short Track Speed Skating |
| <input type="checkbox"/> Ice Dance | <input type="checkbox"/> Speed Skating |
| <input type="checkbox"/> Synchronized Skating | <input type="checkbox"/> Administrative support |
| | <input type="checkbox"/> Other support |

- Target audience:**
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Skaters only | <input type="checkbox"/> Skaters & Coaches |
| <input type="checkbox"/> Coaches only | <input type="checkbox"/> Other |

Age Category:
(for Skaters only)

Third-Party Provider
Are you using any third-party provider to organize your Project?
 No Yes (provide details)

Note:
Normally, an application should be submitted for a Project focusing on one sports discipline only, and the relevant box above shall be marked. However, if a Project will cover several disciplines in the same ISU Branch (Figure Skating or Speed Skating) and the Project cannot easily be divided into separate Projects for each discipline, please check all the relevant boxes.

Please use the attached Application form to submit your **Application**.

We attest that this application has been reviewed and is supported by us as the ISU Member that will take the responsibility for implementation of the Project. Moreover, we attest that all information is true and accurate, and that other ISU Members listed as participants in the Project are fully informed about the application and are committed to taking part in and support the Project as indicated in the application. We agree to submit Project reports and accounting documentation and records when and as required.

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Name & Signature of ISU Member President

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Name & Signature of General Secretary

Place:

Date: