

Planned Program Content

Please fill in with type or write in capital letters.

Form M

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

ELEMENTS IN ORDER OF SKATING DURING THE PROGRAM

Elements
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16

Elements
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

ISU Member Federation: Deutsche Eislauf-Union e.V.

Date, Signature: _____