

# Planned Program Content

Please fill in with type or write in capital letters!

|   |
|---|
| For pairs and dance couples it is sufficient if one partner fills in the following form |
| <b>ISU Member Federation:</b>   |
| <b>Category:</b>  |
| <b>Name of Competitor(s):</b>   |

## ELEMENTS IN ORDER OF SKATING

| Time* | Elements SP / OD |
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| Time* | Elements FS / FD |
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\* Time during program

Date, Signature: \_\_\_\_\_

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