|  |  |
| --- | --- |
| **ISU Member:** |  |
| **Team Name:** |  |
| **Contact Person:** |  |
| **Mobile Phone:** |  |
| **E-Mail:** |  |
| **Invoice Address:** |  |
|  |
| **1. Meals reservation** Please indicate if you would like to arrange any **meals for your team for lunch time at the Espace Facchinetti** (right next to the ice rink) at a **unit price of CHF 22.00** per meal by completing the table below.  |
| **Date** | **Number of meals** | **Total CHF** |
| Wednesday, March 13, 2024 |       |       |
| Thursday, March 14, 2024 |       |       |
| Friday, March 15, 2024 |       |       |
| Saturday, March 16, 2024 |       |       |
| **Total** |  |  |
| **Special requests (allergies, diet, etc.): please refer to page 2** |
|  |
| **2. Competitor’s Party on Saturday, March 16, 2024**Please indicate how many persons will participate. The cost will be **CHF 22.00 per person** (cold buffet, beverage, DJ). |
| **Competitor’s Party Reservation** |
| Number of persons |       |
|  |
| **3. Sandwiches for Saturday, March 16, 2024**If your Team would like to order a **picnic for Saturday, March 16, 2024**, please let us know by completing the request below. Your picnic, at an **unit price of CHF 12.00**, will include a fresh fruit, a chocolate bar, a bottle of water, an ice tea and a big sandwich of your choice. Orders can be collected after the competition from the Welcome Desk.  |
| **Requested sandwiches** |
| **Flavour** | **Number of sandwiches** | **Total CHF** |
| Ham |       |       |
| Salami |       |       |
| Cheese |       |       |
| **Total** |  |  |
| **Please don’t pay in advance. An invoice will be sent by the Organizing Committee. The amount is to be paid within ten (10) days of receipt of the final invoice. Vouchers will only be issued at registration upon receipt of the payment. Additional orders will not be accepted.** |

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| ISU Member Federation: |       |
| Date, Signature: |       |

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| **4. Special requests**  |

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| **Allergies** | **Number of skaters** | **Names of skaters** |
| Vegetarian meal |       |       |
|  |  |       |
|  |  |       |
|  |  |       |
|  |  |       |
|  |  |       |
| Gluten-free |       |       |
|  |  |       |
|  |  |       |
| Pork-free |       |       |
|  |  |       |
|  |  |       |
| Lactose-free |       |       |
|  |  |       |
|  |  |       |
| Nuts- and hazelnuts-free |       |       |
|  |  |       |
|  |  |       |
| *Other:*       |       |       |
|  |  |       |
|  |  |       |
| *Other:*       |       |       |
|  |  |       |
|  |  |       |
| *Other:*       |       |       |
|  |  |       |
|  |  |       |
| *Other:*       |       |       |
|  |  |       |
|  |  |       |
|  |  |  |
| **Combined allergies(please describe)** | **Names of skaters** |
|       |       |
|       |       |
|       |       |
|       |       |