



INTERNATIONAL CLUB EXCHANGE (ICE)

INTENT TO PARTICIPATE

NAME OF TEAM/FEDERATION _____

NAME OF HEAD COACH/OFFICIAL _____

CONTACT PERSON _____

ADDRESS _____

CITY, COUNTRY, POSTAL CODE _____

PHONE – HOME: _____ WORK: _____

FAX: _____ EMAIL _____

Please indicate how you would like to receive future information:

_____ Email _____ Fax _____ Mail

Number of athletes participating _____

Ages of the athletes _____

Skill level of the athletes _____

Number of coaches participating _____

Do you have current relationships with US or Foreign clubs? _____

If yes, with which clubs? _____

Please return this completed form to:

**USA Synchro
132 E. Washington St. Suite 820
Indianapolis, IN 46204
USA
Fax: + 1 (317) 237-5705**

THIS FORM MUST BE RETURNED TO ENROLL IN THE PROGRAM