**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  |
| **Special Olympics Program:**   |
| **Category:** **(Single/ Pairs/ U. Pairs/ Icedance/ U. Icedance/ SYS + Level)**  |
| **Name of Competitor(s):**   |

# ELEMENTS IN ORDER OF SKATING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Elements SP / SD**  |         |  | **Elements FS / FD**  |
| **1**  |   | **1**  |   |
| **2**  |   |
| **2**  |   | **3**  |   |
| **4**  |   |
| **3**  |   | **5**  |   |
| **6**  |   |
| **4**  |   | **7**  |   |
| **8**  |   |
| **5**  |   | **9**  |   |
| **10**  |   |
| **6**  |   | **11**  |   |
| **12**  |   |
| **7**  |   | **13**  |   |
| **14**  |   |

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_