



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 via email to:

**Betty Hazle, International Relations Committee chair
USA Synchro
One Olympic Plaza
Colorado Springs, CO 80909**

Email: bettyhazle@yahoo.com

THIS FORM MUST BE RETURNED TO ENROLL IN THE PROGRAM