2007 FIBT BOBSLEIGH & SKELETON WORLD CUP TOUR ♦ LAKE PLACID USA

Form #1 Team Registration Due: November 25, 2006

Nation:		Federation Name:	
Contact Person:		E-Mail:	
Address:		City/State/Postal Code:	Country:
Lodging Facility:		Telephone:	FAX:
Arrival Date:		Airport/Flight #:	Time:
Departure Date:		Airport/Flight #:	Time:
Men's Bobsled	Total # of Competitors:		Total # of Coaches:
	# of 2-Man Sleds: # of 4-Man Sleds:		
Women's Bobsled	Total # of Competitors:		Total # of Coaches:
	# of 2-Woman Sleds:		
Skeleton	Total # of Competitors:		Total # of Coaches:
	Men: Women:		

Registration by Name

Last Name	First Name	Sex (M/F)	Event (Bobsled, Women, Skeleton)	Function*	BOB** Function

*** Function: A=Athlete, TL=Team Leader, CO=Coach, MD=Medical Personnel, TS=Team Support**
****Bobsled Function: D=Driver B=Brakeman P=Passenger ALT=Alternate**

RETURN COMPLETED FORM TO:

Heidi Roland, ORDA Event Representative
Olympic Center, 2634 Main Street Lake Placid, NY 12946
Phone: 518.523.1655 ext. 248 Fax 518.523.9275 E-Mail: hroland@orda.org