

# European Cup Under 17 Championships 2018

Prague, Czech Republic, from 18<sup>th</sup> May to 20<sup>th</sup> May 2018

ENTRY FORM "A"

Return not later than 10<sup>th</sup> April

**Please complete using capital letters**

Nation: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PARTICIPATION : estimated Number of Persons**

**Men                  Women**

Athletes

Coaches /Officials

**ACCOMODATION:**

**Mark with "X":**

**The Delegation will stay in the Official Hotel** \_\_\_\_\_ **YES**                  **NO**

**IF YES:**

Double rooms          n. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Single rooms          n. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**Return to** Czech Modern Pentathlon Association

Tel.: +420 725937843 (L. Grolichová)

E-mail: [u17prague@pentathlon.cz](mailto:u17prague@pentathlon.cz)

**Name (printed) + signature:**

**Date:**

# European Cup Under 17 Championships 2018

**Prague, Czech Republic, from 18<sup>th</sup> May to 20<sup>th</sup> May 2018**

ENTRY FORM "B" (Preliminary)

**Return not later than 25<sup>th</sup> April**

**Nation:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Tel :** \_\_\_\_\_ **Fax :** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

<b>Male Athletes</b> Surname	First Name	ID Number	Date of Birth	Passport No.	Group No.
<b>Female Athletes</b> Surname	First Name	ID number	Date of Birth	Passport No.	Group No.

Officials Surname	First Name	Function	Passport No.

Group No.	Arrival Date	From	Time	Flight nr.	Departure Date	Time	Flight nr.

**ACCOMODATION:**

**Mark with "X":**

**The Delegation will stay in the Official Hotel \_\_\_\_\_ YES**

**NO**

**IF YES:**

Double rooms      n. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Single rooms      n. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**Return to** Czech Modern Pentathlon Association

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**Name (printed) + signature:**

**Date:**

