

2019 Czech Open Under 17 & 19 Championships

Prague, Czech Republic, from 3rd May to 5th May 2019

ENTRY FORM "A"

Return not later than 15th March

Please complete using capital letters

Nation: _____ Contact Person: _____

Tel : _____ Fax : _____ E-Mail: _____

PARTICIPATION : estimated Number of Persons

	U17 Men	U17Women	U19Men	U19Women
Athletes				
	Men	Women		
Coaches /Officials				

ACCOMODATION:

Mark with "X":

The Delegation will stay in the Official Hotel _____ YES NO

IF YES:

Triple rooms n. _____ from _____ to _____

Double rooms n. _____ from _____ to _____

Single rooms n. _____ from _____ to _____

Return to Czech Modern Pentathlon Association

Tel.: +420 725937843 (L. Grolichová)

E-mail: czechopen@pentathlon.cz

Name (printed) + signature:

Date:

Officials Surname	First Name	Function	Passport No.	Arrival date	From	Time & flight no.	Departure date	Time & flight no.

ACCOMODATION:

Mark with "X":

The Delegation will stay in the Official Hotel _____ **YES** **NO**

IF YES:

Triple rooms n. _____ from _____ to _____

Double rooms n. _____ from _____ to _____

Single rooms n. _____ from _____ to _____

Return to Czech Modern Pentathlon Association
 Tel.: +420 725937843 (L. Grolichová)
 E-mail: czechopen@pentathlon.cz

Name (printed) + signature:

Date:

Prague, Czech Republic, from 3rd May to 5th May 2019

ENTRY FORM "C" (Final)

Return not later than 8th April

Nation: _____ Contact Person: _____

Tel : _____ Fax : _____ E-Mail: _____

Last Name	First Name	Function (Athlete U17/19..)	Arrival Date	Time (Flight No.)	Type of transport	Depart. Date	Time (Flight No.)	Room Type (S/D/T) Room - mate

Return to Czech Modern Pentathlon Association
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E-mail: czechopen@pentathlon.cz

Name (printed) + signature:

Date: