**2017 Olympic Hopes**

**U19 & U17
Prague, Czech Republic, from 19th October to 22th October 2017**

ENTRY FORM “A+B” (Preliminary)

**Return before 18th September**

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

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

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| **Male Athletes**Surname | First Name | **ID Number** | Date of Birth | U19 / U17 | Passport No. | GroupNo. |
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| **Female Athletes**Surname | First Name | **ID number** | Date of Birth | U19 / U17 | Passport No. | GroupNo. |
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| **Officials** Surname | First Name | Function | Passport No. | Group no. |
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| Group No. | Arrival Date | Time | Flight nr. | Departure Date | Time | Flight nr. |
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 **Number of Mixed relay**

Athletes U19

Athletes U17

**ACCOMODATION: Mark with “X”:**

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

**IF YES:**

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

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

Triple rooms n. \_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_

**Return to** Czech Modern Pentathlon Association

Tel.: +420 725937843 (L. Grolichová)

E-mail: wchprague@pentathlon.cz

**Name (printed) + signature:**

**Date:**

**2017 Olympic Hopes**

**U19 & U17
Prague, Czech Republic, from 19th October to 22th October 2017**

ENTRY FORM “C” (Final)

**Return before 3th October**

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

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

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| Last Name | First Name | Function | U19 U17 | Arrival Date | Time(Flight No.) | Type oftransport | Depart. Date | Time (Flight No.) | Room Type (S/D/T) |
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 **Number of Mixed relay**

Athletes U19

Athletes U17

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

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

Triple rooms n. \_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_

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E-mail: wchprague@pentathlon.cz

**Name (printed) + signature:**

**Date:**