**European Cup Under 17 Championships 2018**

**Prague, Czech Republic, from 18th May to 20th May 2018**

ENTRY FORM “A”

**Return not later than 10th 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 18th May to 20th May 2018**

ENTRY FORM “B” (Preliminary)

**Return not later than** **25th April**

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

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

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| **Male Athletes**  Surname | First Name | **ID Number** | Date  of Birth | Passport No. | Group  No. |
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| **Female Athletes**  Surname | First Name | **ID number** | Date of Birth | Passport No. | Group  No. |
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| **Officials** Surname | First Name | Function | Passport No. |
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**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:**

**European Cup Under 17 Championships 2018**

**Prague, Czech Republic, from 18th May to 20th May 2018**

ENTRY FORM “C” (Final)

**Return not later than 5th May**

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

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

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| Last Name | First Name | Function | Arrival Date | Time (Flight No.) | Type of transport | Depart. Date | Time  (Flight No.) | Room Type (S/D) Room - mate |
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**Return to** Czech Modern Pentathlon Association

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**Name (printed) + signature:**

**Date:**