**International German Championships**

**MEN/ WOMEN/JUNIOR MEN AND WOMEN**

**BERLIN/GERMANY**

**8. and 9.04.2017**

**ENTRY FORM**

**Return not later than 27th of March 2017**

**Nation: Contact Person:**

**Email:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Male Athletes**  Surname | First Name | **International License Number \*** | Date of Birth | Swimming time (25m) |
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| **Female Athletes**  Surname | First Name | **International License Number \*** | Date of Birth | Swimming time (25m) |
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**\* Attention: No athlete will be admitted to the competition without a valid international license**

|  |  |  |
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| **Officials** Surname | First Name | Function |
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|  |  |  |
|  |  |  |

**Signature:**

**Name (printed):**  **Date:**

**Return to**:

**Berliner Verband für Modernen Fünfkampf e.V.**

**Hanns-Braun-Straße/Am Adlerplatz, 14053**

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