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| LUSITANIA TROPHY NATIONAL OPEN  CHAMPIONSHIPS MEN AND WOMEN (SEN-JUN-U19)  MAFRA (LISBON) - PORTUGAL  7th – 10th APRIL 2017 |

ENTRY FORM “A”

*(intent to compete or not)*

**Return no later than February 25th, 2017**

Please complete using capital letters

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

PARTICIPATION :

Men Women

Athletes

Coaches /Officials

Others

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:

Federação Portuguesa do Pentatlo Moderno

Tel: + 351 91 700 97 94

Email: fppm.geral@gmail.com

WebSite: www.fppm.pt

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| LUSITANIA TROPHY NATIONAL OPEN  CHAMPIONSHIPS MEN AND WOMEN (SEN-JUN-U19)  MAFRA (LISBON) - PORTUGAL  7th – 10th APRIL 2017 |

FINAL ENTRY FORM

**Return no later than March 19th, 2017**

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

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

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| **Male Athletes**  Surname | First Name | **ID Number \*** | Date of Birth | Passport No. | Pistol Model | Serial No. |
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| **Female Athletes**  Surname | First Name | **ID number \*** | Date of Birth | Passport No. | Pistol Model | Serial No. |
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**\* Attention: No athlete will be admitted to the competition without a valid UIPM license**

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| **Officials** Surname | First Name | Function | Passport No. |
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FINAL ENTRY FORM (CONTINUE)

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| **Name** | **Arrival Date** | **From** | **Time** | **Flight nr.** | **Departure Date** | **Time** | **Flight nr.** |
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**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\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to**:

Federação Portuguesa do Pentatlo Moderno

*Rua 15 de Agosto nº 8 B, 2500 – 801 Caldas da Rainha*

Tel: + 351 917 009 794

Email: [fppm.geral@gmail.com](mailto:fppm.geral@gmail.com)

WebSite: [www.fppm.pt](http://www.fppm.pt/)