**2020 Czech Open Under 17 & 19 Championships**

**Prague, Czech Republic, from 28th August to 30th August 2020**

ENTRY FORM “A”

**Return not later than 15th July**

**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.: +420 778 889 333 (Bohumil Hrudka)

E-mail: [czechopen@pentathlon.cz](mailto:czechopen@pentathlon.cz)

**Name (printed) + signature:**

**Date:**

**2020 Czech Open Under 17 & 19 Championships**

**Prague, Czech Republic, from 28th August to 30th August 2020**

ENTRY FORM “B” (Preliminary)

**Return not later than** **5th August**

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

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

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| **U17 Male Athletes**  **Surname** | **First Name** | **ID Number** | **Date  of Birth** | **Passport No.** | **Arrival date** | **From** | **Time & flight no.** | **Departure date** | **Time &**  **flight no.** |
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| **U19 Male Athletes**  **Surname** | **First Name** | **ID Number** | **Date  of Birth** | **Passport No.** | **Arrival date** | **From** | **Time & flight no.** | **Departure date** | **Time &**  **flight no.** |
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| **U17**  **Female Athletes**  Surname | First Name | **ID number** | Date of Birth | Passport No. | Arrival date | From | **Time & flight no.** | **Departure date** | **Time &**  **flight no.** |
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| **U19**  **Female Athletes**  Surname | First Name | **ID number** | Date of Birth | Passport No. | Arrival date | From | **Time & flight no.** | **Departure date** | **Time &**  **flight no.** |
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| **Officials Surname** | **First Name** | **Function** | **Passport No.** | **Arrival date** | **From** | **Time & flight no.** | **Departure date** | **Time & flight no.** |
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**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\_\_\_\_\_\_\_\_\_\_\_\_

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**Name (printed) + signature:**

**Date:**

**2020 Czech Open Under 17 & 19 Championships**

**Prague, Czech Republic, from 28th August to 30th August 2020**

ENTRY FORM “C” (Final)

**Return not later than 15th August**

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

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

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| 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 |
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**Name (printed) + signature:**

**Date:**