



ENTRY FORM A

PLEASE, RETURN AS SOON AS POSSIBLE

Please complete using capital letters

Nation: _____	Contact Person: _____
Tel: _____	Fax: _____
Email: _____	

PARTICIPATION:	Estimated Number of Persons	
	Men	Women
Athletes	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Coaches/Officials	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
Others	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

ABOUT RELAY COMPETITION

WOMEN RELAY	<input style="width: 50px; height: 20px;" type="text"/>
MEN RELAY	<input style="width: 50px; height: 20px;" type="text"/>
MIXED RELAY	<input style="width: 50px; height: 20px;" type="text"/>

ACCOMODATION:

The delegation will stay in the Official Hotel YES

IF YES: _____

Single rooms	_____	num	_____	from	_____
Double rooms	_____	num	_____	from	_____

Return to: **FEDERACIÓ CATALANA DE PENTATLÓ MODERN**
 PHONE: **+ 34 676 48 27 03**
 Web: www.fcpentatlo.cat www.pentatlon.info
 e-mail: europeanjuniorch2026@pentatlo.cat

Signature: _____ Name: _____
 Date: _____

