**Czech Open Senior and Junior Championships 2019**

**Milan Kadlec Memorial**

 **Prague, Czech Republic, from 10th May to 12th May 2019**

ENTRY FORM “A”

**Return not later than 30th March**

**Please complete using capital letters**

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

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

**PARTICIPATION : estimated Number of Persons**

 **Men Women**

Athletes

 **Men Women**

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: kadlecmemorial@pentathlon.cz

**Name (printed) + signature:**

**Date:**

**Czech Open Senior and Junior Championships 2019**

**Milan Kadlec Memorial**

 **Prague, Czech Republic, from 10th May to 12th May 2019**

ENTRY FORM “B” (Preliminary)

**Return not later than** **5th April**

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

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

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| **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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|  **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:**

Double rooms n. \_\_\_\_\_\_\_ from\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_

Single rooms n. \_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_

**Return to** Czech Modern Pentathlon Association

Tel.: +420 725937843 (L. Grolichová)

E-mail: kadlecmemorial@pentathlon.cz

**Name (printed) + signature:**

**Date:**

**Czech Open Senior and Junior Championships 2019**

**Milan Kadlec Memorial**

 **Prague, Czech Republic, from 10th May to 12th May 2019**

ENTRY FORM “C” (Final)

**Return not later than 12th April**

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

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

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| Last Name | First Name | Function  | Arrival Date | Time(Flight No.) | Type oftransport | 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:**