This form must return before december 22th 2017 at 14.00h. to [hskhasselt@gmail.com](mailto:hskhasselt@gmail.com)

Planned elements must be sent before : Friday january 12th 2018, 14:00h

directly to both: [ludod@telenet.be](mailto:ludod@telenet.be) , the national competition coordinator

and to [mariabouwens@hotmail.com](mailto:mariabouwens@hotmail.com) , the regional secretary

Please fill in with type or write in capital letters!

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| --- | --- | --- | --- |
| Club name: | |  | |
| Club address: | |  | |
| Zip code: | |  | |
| City: | |  | |
| Country: | |  | |
| Correspondent: | |  | |
| Mobile Phone number: | |  | |
| Email: | |  | |
|  | | | |
| JUDGES | | | |
|  | NAME | | SURNAME |
| 2 |  | |  |
| 3 |  | |  |

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Please fill in with type or write in capital letters!

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARTICIPANTS | | | | | | | | | | |
|  | NAME | SURNAME | | DATE OF BIRTH | SEX | CATEGORY | COACH | NATIONALITY | PHONE | EMAIL |
| 1 |  |  | |  |  |  |  |  |  |  |
| 2 |  |  | |  |  |  |  |  |  |  |
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| 12 |  |  | |  |  |  |  |  |  |  |
| 13 |  |  | |  |  |  |  |  |  |  |
| 14 |  |  | |  |  |  |  |  |  |  |
| 15 |  |  | |  |  |  |  |  |  |  |
| 16 |  |  | |  |  |  |  |  |  |  |
| TOTAL AMOUNT OF ENTRY FEES | | |  |  | | | | | | |