Numerical inscription

**FEDERATION/Club** ...........…………………………………………………………………………………………………….

Number of competitors:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Weight categorymen | Number of participants | No. of participating in Training campYes / No |  | Weight categorywomen | Number of participants | No. of participating in Training campYes / No |
| -60 |  |  |  | -48 |  |  |
| -66 |  |  |  | -52 |  |  |
| -73 |  |  |  | -57 |  |  |
| -81 |  |  |  | -63 |  |  |
| -90 |  |  |  | -70 |  |  |
| -100 |  |  |  | -78 |  |  |
| +100 |  |  |  | +78 |  |  |

|  |  |
| --- | --- |
| Coaches |  |
| Medics |  |
| Physiotherapist |  |
| Referees |  |
| Team Officials |  |
| Total Competitors |  |
| **Delegation in total** |  |

**Please return not later than 24 August**, 2014 to E-mail: european.cup.swop@judo.se

|  |  |  |
| --- | --- | --- |
| Date: | Stamp | Signature |