Form 1: Numerical Inscription

**FEDERATION:**

Address:

Telephone: Fax:

Email:

**ATHLETES**

|  |  |
| --- | --- |
| Weight categoryMen | Number of Participants |
| -48 kg |  |
| -52 kg |  |
| -57 kg |  |
| -63 kg |  |
| -70 kg |  |
| -78 kg |  |
| +78 kg |  |

**OTHER DELEGATION MEMBERS**

|  |  |
| --- | --- |
| Function | Number of Participants |
| Coaches |  |
| Doctors |  |
| Physiotherapist |  |
| Referees  |  |
| Team Officials |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total Competitors: |  | Other Delegation Members: |  | Delegation Total: |  |

**TRANSFERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you need transfer | YES | NO | Number of Persons |  |

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DATE:

Signature of the head of the delegation and stamp of the federation

Form 2: Nominal Inscription

|  |  |
| --- | --- |
| FEDERATION |  |
| Contact Person |  | Contact Number |  |
| Officials | Last Name (Family name) | First name (Given name) |
| Function |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Judoka | Last Name (Family name) | First name (Given name) |
| -48 Kg |  |  |
| -48 Kg |  |  |
| -48 Kg |  |  |
| -48 Kg |  |  |
| -52 Kg |  |  |
| -52 Kg |  |  |
| -52 Kg |  |  |
| -52 Kg |  |  |
| -57 Kg |  |  |
| -57 Kg |  |  |
| -57 Kg |  |  |
| -57 Kg |  |  |

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Form 2: Nominal Inscription

|  |  |
| --- | --- |
| FEDERATION |  |
| Contact Person |  | Contact Number |  |
| Officials | Last Name (Family name) | First name (Given name) |
| Function |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Judoka | Last Name (Family name) | First name (Given name) |
| -63 Kg |  |  |
| -63 Kg |  |  |
| -63 Kg |  |  |
| -63 Kg |  |  |
| -70 Kg |  |  |
| -70 Kg |  |  |
| -70 Kg |  |  |
| -70 Kg |  |  |
| -78 Kg |  |  |
| -78 Kg |  |  |
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| +78 Kg |  |  |
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| +78 Kg |  |  |

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Form 3: Travel Schedule and Transfers

**FLIGHT SCHEDULE**

|  |
| --- |
| **FEDERATION:** |

**ARRIVAL**

|  |
| --- |
| PLANE / TRAIN |
| Date | Time | Flight number | From | Airport/railway station arrival | Number of Persons |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Car / bus** |
| Date | Time | Persons number |
|  |  |  |
|  |  |  |
|  |  |  |

**DEPARTURE**

|  |
| --- |
| PLANE / TRAIN |
| Date | Time | Flight number | To | Airport/railway station arrival | Number of Persons |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Car / bus** |
| Date | Time | Number of Persons |
|  |  |  |
|  |  |  |
|  |  |  |

**TRANSFERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you need transfer | YES | NO | Number of Persons |  |

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Form 4: Visa Application Form

**FEDERATION**

(day)

(day)

Our delegation needs the invitation from the till the of

We will apply for visas at the Embassy in

 (Country, city)

**Please fill in the table in BLOCK LETTERS and attach a COPY OF PASSPORT.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **Position** | **Date of Birth** | **Place of Birth** | **Nationality** | **Passport Nº** | **Date of Issue** | **Date of Expiry** |
|  |  |  |  |  |  |  |  |  |
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**Form 5: Media Accreditation Form**

**FEDERATION**

|  |  |
| --- | --- |
| **Last name** |  |
| **First name** |  |
| **Passport Number** |  |
| **AIPS Card Numberº** |  |
| **National Press Card Number** |  |
| **Personal e-mail** |  |
| **Personal Mobile Number** |  |
| **Company** |  |
| **Company Post Address** |  |
| **Postal Code, City, Country** |  |
| **Sports department E-mail** |  |
| **Sports department Phone** |  |
| **Subscribe to EJU updates** | YES / NO *(please circle)* |
| **Subscribe colleagues off-site** | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Function (please circle)** | Journalist | Photographer | Technician |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medium (please circle)** | Television | Radio | Newspaper | Magazine | Internet |

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