**FIRST ENTRY**

Form 1: **Numerical Inscription**

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| **FEDERATION** |  |
| Address: |  |
| Telephone:  |  |  |  |
| Email: |  | Contact Person: |  |

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| --- | --- |
| Weight category**Men** | Number of Participants |
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| Weight category**Women** | Number of Participants |
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| --- | --- |
| Coaches: |  |
| Other officials: |  |

|  |  |
| --- | --- |
| Total delegation: |  |

**Signature & Stamp of Federation**   **Date: \_\_\_\_\_\_\_\_\_\_\_**

Please send this form before **June 23, 2017**

to the **Belarusian Judo Federation:** **judoblr@tut.by**

Form 2: **Final Entry**

|  |  |
| --- | --- |
| **FEDERATION** |  |
| Address: |  |
| Telephone:  |  |  |  |
| Email: |  | Contact Person: |  |

**A T H L E T E S**

***MEN***

|  |  |  |
| --- | --- | --- |
| Weight Category  | **First Name** | **Surname** |
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***WOMEN***

|  |  |  |
| --- | --- | --- |
| Weight Category  | **First Name** | **Surname** |
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**O F F I C I A L S**

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| **Function** | **First Name** | **Surname** |
|  |  |  |
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**Signature & Stamp of Federation**   **Date: \_\_\_\_\_\_\_\_\_\_\_**

Please send this form before **July 5, 2017**

to the **Belarusian Judo Federation:** **judoblr@tut.by**

Form 3: **Hotel Reservation Form**

|  |  |
| --- | --- |
| **FEDERATION** |  |
| Address: |  |
| Telephone:  |  |  |  |
| Email: |  | Contact Person: |  |

Category A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room Type** | **Number of Rooms** | **Number of Persons** | **Date of Arrival** | **Date of Departure** |
| Single |  |  |  |  |
| Double |  |  |  |  |
| Double (2-room) |  |  |  |  |
| Triple(2-room) |  |  |  |  |

Category B

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room Type** | **Number of Rooms** | **Number of Persons** | **Date of Arrival** | **Date of Departure** |
| Double |  |  |  |  |
| Triple |  |  |  |  |
| Quintuple (x5)(2-room) |  |  |  |  |

Category C

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room Type** | **Number of Rooms** | **Number of Persons** | **Date of Arrival** | **Date of Departure** |
| Double |  |  |  |  |
| Triple |  |  |  |  |
| Quadruple (x4) |  |  |  |  |

Please send this form before **July 5, 2017**

to **the Olympic Sports Complex “STAYKI”**

**Email:** **info@stayki.com**

**Fax Number: (+375 17) 545 41 74**

(copy to: judoblr@tut.by (Belarusian Judo Federation)

Form 4: **Travel Schedule**

|  |  |
| --- | --- |
| **FEDERATION** |  |
| Address: |  |
| Telephone:  |  |  |  |
| Email: |  | Contact Person: |  |

**ARRIVAL IN MINSK**

**PLANE *(to Minsk International Airport):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Time**  | **From** | **Flight number** | **Number of persons** |
|  |  |  |  |  |
|  |  |  |  |  |
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**TRAIN *(to Minsk Pasažyrski train station):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time**  | **From** | **Train number** | **Wagon number** | **Number of persons** |
|  |  |  |  |  |  |

**CAR/BUS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Approximate Time** | **From** | **Number of persons** |
|  |  |  |  |
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**DEPARTURE FROM MINSK**

**PLANE *(from Minsk International Airport):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time**  | **To** | **Flight number** | **Number of persons** |
|  |  |  |  |  |
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**TRAIN *(from Minsk Pasažyrski train station):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **To** | **Train number** | **Number of persons** |
|  |  |  |  |  |

**CAR/BUS:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Approximate Time** | **Number of persons** |
|  |  |  |

**Signature & Stamp of Federation**   **Date: \_\_\_\_\_\_\_\_\_\_\_**

Please send this form before **July 7, 2017**

to **the Olympic Sports Complex “STAYKI”**

Email:**info@stayki.com**

Fax Number: (+375 17) 545 41 74

(copy to: judoblr@tut.by (Belarusian Judo Federation)

Form 5: ***Visa Application Form***

|  |  |
| --- | --- |
| **FEDERATION** |  |
| Address: |  |
| Telephone:  |  |  |  |
| Email: |  | Contact Person: |  |

Our delegation needs the invitation from the \_\_\_\_\_\_ till the \_\_\_\_\_\_ of 2017.

We will apply for visas at the Belarusian Embassy in \_\_\_\_\_\_\_\_\_\_\_ or at the Minsk International Airport.

*Please fill in the table in BLOCK LETTERS.*

*Please also attach* ***PASSPORT COPIES.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Surname** | **Date of Birth** | **Passport Number** | **Date of Issue**  | **Date of** **Expiry** | **Citizenship** | **Function** |
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**Signature & Stamp of Federation**   **Date: \_\_\_\_\_\_\_\_\_\_\_**

Please send this form not later than **July 7, 2017**

to the **Belarusian Judo Federation:** **judoblr@tut.by**