

Form 1: **Entry**

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

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

**WOMEN**

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| **Weight Category** | **First Name** | **Surname** |
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**MEN**

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| **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 25, 2018**

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