

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 by **May 1, 2019**

to the Email:[**info@stayki.com**](mailto:info@stayki.com)

(COPY TO: [**judoblr@tut.by**](mailto:judoblr@tut.by) (Belarusian Judo Federation))