DELEGATIONS’ NUMERICAL INSCRIPTION FORM

1ST ENTRY

|  |
| --- |
| FEDERATION:  |
| CONTACT PERSON |  | POSITION |  |
| PHONE NUMBER |  | E-MAIL |  |

|  |  |
| --- | --- |
| ATHLETES WOMEN |  |
| ATHLETES MEN |  |
| COACHES |  |
| REFEREES |  |
| OTHERS |  |
| TOTAL PERSONS |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ARRIVAL DATE |  |  | DEPARTURE DATE |  |
|  |  |  |  |  |

This form must be returned to the Latvian SAMBO clubs association info@sambo.lv before the 1st of August.

Date

\_\_/\_\_/2015