**PRELIMINARY/FINAL ENTRY FORM**

**International SAMBO Tournament**

**“CYPRUS 2025”**

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| **Country/Club:** **e-mail:** **Tel. And name of coach:** **Date of Arrival in case of accommodation needed:** | **Total number of people**  |

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| ***№*** | ***FULL Name as in the passport*** | ***PASSPORT NUMBER*** | ***Gender******M/F*** | ***Date of birth*** | ***Weight category,******sports /combat sambo*** |
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**Please return to:** **info@cyprussambo.org**