

ENTRY FORM

Competition (Name/Place)		Date of race		
Responsible for entry / Name / Telephone		Category COC <input type="checkbox"/> MAS <input type="checkbox"/> FIS <input type="checkbox"/> ENL <input type="checkbox"/> CIT <input type="checkbox"/> UNI <input type="checkbox"/> NJR <input type="checkbox"/> CHI <input type="checkbox"/>	Gender Women <input type="checkbox"/> Men <input type="checkbox"/>	
National Ski Association				

COMPETITORS

FIS Code	Surname, First Name	YB	DH	SG	GS	SL	AC	PAR	Arrival (dd.mm.yy)	Departure (dd.mm.yy)

ENTRY FORM

Officials			
Surname , First Name	Arrival (dd.mm.yy)	Departure (dd.mm.yy)	Position on the team
			Team Captain
			Trainer
			Doctor
			Physiotherapist
			Technicians
			Service personnel
Place, Date		Signature (please print and sign)	

12.08.2022.