**FINAL ENTRY FORM / MALE ATHLETES**

**WEIGHTLIFTING FEDERATION OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Bodyweight Category** | **First Names of Athletes** | **Last Names of Athletes** | **Date of Birth** | **Entry Total** | **Arrival Date**  | **Departure Date** |
| 1 |   |   |  |   |   |   |   |
| 2 |   |   |  |   |   |   |   |
| 3 |   |   |  |   |   |   |   |
| 4 |   |   |  |   |   |   |   |
| 5 |   |   |  |   |   |   |   |
| 6 |   |   |  |   |   |   |   |
| 7 |   |   |  |   |   |   |   |
| 8 |   |   |  |   |   |   |   |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| **No.** | **Name of Officials** | **Date of Birth** | **Position** | **Arrival Date**  | **Departure Date** |
| 1 |   |   | Team Leader |   |   |
| 2 |   |   | Coach |   |   |
| 3 |   |   | Coach |   |   |
| 4 |   |   | Doctor |   |   |
| 5 |   |   | Therapist |   |   |
| 6 |   |   | Team Official |   |   |

President or General Secretary:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form together with passports, passport sized photos of each member, final accommodation form, room allocation details and final transportation form must be returned**

**by 10. JUNE 2019 to:**

Organizing Committee

**Submit form to:** entries@bvdg-online.de

Tel.: +496224975111

**FINAL ENTRY FORM / FEMALE ATHLETES**

**WEIGHTLIFTING FEDERATION OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Bodyweight Category** | **First Names of Athletes** | **Last Names of Athletes** | **Date of Birth** | **Entry Total** | **Arrival Date**  | **Departure Date** |
| 1 |   |   |  |   |   |   |   |
| 2 |   |   |  |   |   |   |   |
| 3 |   |   |  |   |   |   |   |
| 4 |   |   |  |   |   |   |   |
| 5 |   |   |  |   |   |   |   |
| 6 |   |   |  |   |   |   |   |
| 7 |   |   |  |   |   |   |   |
| 8 |   |   |  |   |   |   |   |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |
| **No.** | **Name of Officials** | **Date of Birth** | **Position** | **Arrival Date**  | **Departure Date** |
| 1 |   |   | Team Leader |   |   |
| 2 |   |   | Coach |   |   |
| 3 |   |   | Coach |   |   |
| 4 |   |   | Doctor |   |   |
| 5 |   |   | Therapist |   |   |
| 6 |   |   | Team Official |   |   |

President or General Secretary:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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