**FINAL ENTRY FORM / WOMEN OR MEN ATHLETES**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Gender Women or Men** | **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** |  |  |  |  |  |  |  |  |
| **R** |  |  |  |  |  |  |  |  |
| **R** |  |  |  |  |  |  |  |  |
| No. | Gender Women or Men | First Name of Officials | | Last Names | Position | | Arrival  Date | Departure  Date |
| **1** |  |  | |  | Team Leader | |  |  |
| **2** |  |  | |  | Coach | |  |  |
| **3** |  |  | |  | Coach | |  |  |
| **4** |  |  | |  | Doctor | |  |  |
| **5** |  |  | |  | Therapist | |  |  |

President or General Secretary:

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

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

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

**This Form with passport sized photos of each member must be returned by 11 October 2019 to:**

Local Organizing Committee 🕿 : (+33) 6 31 35 64 39 (French)

**Submit Form to:** [clermont.sport.haltero@wanadoo.fr](mailto:clermont.sport.haltero@wanadoo.fr)