**PRELIMINARY 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 | ArrivalDate | DepartureDate |
| **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 13 September 2019 to:**

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

**Submit Form to:** clermont.sport.haltero@wanadoo.fr