1**th** ENTRY FORM

|  |  |
| --- | --- |
| COUNTRY |  |
| SUDS / IF’s MEMBER |  |
| Address |  |
| Postal Code |  |
| Telephone |  |
| E-mail |  |
| Contact person |  |
| Position\* |  |

\* Position in the Team: • Head of Delegation • Coach • Medical personnel (Doctor / Physiotherapist) • Technical Staff and Caregiver

|  |  |  |  |
| --- | --- | --- | --- |
| **ENTRY NUMBERS** | **MALE** | **FEMALE** | **TOTAL** |
| Number of Athletes (Athletics) |  |  |  |
| Number of Players (Table Tennis) |  |  |  |
| Number of Team Officials |  |  |  |
| Total of Delegation |  |  |  |

|  |  |
| --- | --- |
| **With accommodation (**€**750)** | **Without accommodation (**€**200)** |
|  |  |

**Please return this form to Jukka Lahti before 15 th February 2019:**

**jukka.lahti@vammaisurheilu.fi**