



ENTRY FORM

COUNTRY:	CITY:
SPORT CLUB:	COACH NAME:
TEL.:	E-MAIL:

NR	NAME/NUME	AGE CATEGORY	WEIGHT (kg)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

* please send the ENTRY FORM to the contact@sport-all.eu mail adress