

1th 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 15th February 2019:

jukka.lahti@vammaisurheilu.fi