BAUHAUS DOWN SYNDROME WORLD CHAMPIONSHIPS
BULGARIA JUNE 13-19 2026

INTENTION TO PARTICIPATE

Country: _____

Member Organization: _____

Contact Name and Surname: _____

Phone Number: _____

Email Address: _____

PARTICIPANTS (Please indicate the number):

Participants	Male	Female	Total
Athlete(s)			
Staff, Family member, Supporter			
Total Delegation			

Please return this form to FAPA BULGARIA before 31st December 2025, by e-mail to: championships.bg@gmail.com
Please fill in the forms in English