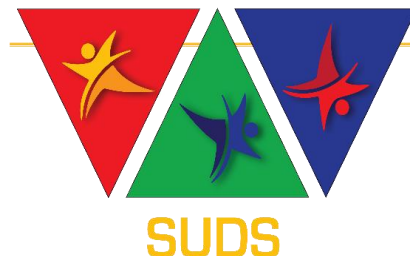


BAUHAUS DOWN SYNDROME WORLD CHAMPIONSHIPS
BULGARIA JUNE 13-19 2026



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