



# ENTRY FORM A

(return before 23<sup>th</sup> February 2024)

**Please complete using capital letters**

Nation: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**PARTICIPATION:**

**Estimated number of persons**

	Men	Women
Athletes	<input type="text"/>	<input type="text"/>
Coaches/Officials	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>

Single rooms n. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Double rooms n. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

## ENTRY FORM B

(return before 6<sup>th</sup> March 2024)

### MALE ATHLETES U15

Surname	First name	UIPM #	Date of birth	Passport #

### FEMALE ATHLETES U15

Surname	First name	UIPM #	Date of birth	Passport #

### MALE ATHLETES U17

Surname	First name	UIPM #	Date of birth	Passport #

### FEMALE ATHLETES U17

Surname	First name	UIPM #	Date of birth	Passport #




MALE ATHLETES U19 / JUNIOR				
Surname	First name	UIPM #	Date of birth	Passport #

FEMALE ATHLETES U19 / JUNIOR				
Surname	First name	UIPM #	Date of birth	Passport #

**\*\*\*No athlete will be admitted to the competition without a valid international license\*\*\***

OFFICIALS			
Surname	First name	Function	Passport #

**Return to:** Federação Portuguesa do Pentatlo Moderno

**Email:** [fppm.geral@gmail.com](mailto:fppm.geral@gmail.com)