



FINAL ENTRY FORM

Return at latest: **February the 28th 2011**

Return to: **FAX: (+34) 91 426 0023**

E-MAIL: registration@cambrils2011.es

Real Federación Española de Tiro con Arco

To: Mrs. Sacra Hernández

C/ Núñez de Balboa, 13-1º-Izda.-28001 MADRID - Spain

TELEPHONE: (+34) 91 577 36 32

NAME OF MEMBER ASSOCIATION: _____

LIST OF COMPETITORS (Up to 3 per class)

Please: block letters

JUNIOR RECURVE MEN

LAST NAME	FIRST NAME	Date of birth

JUNIOR RECURVE WOMEN

LAST NAME	FIRST NAME	Date of birth

JUNIOR COMPOUND MEN

LAST NAME	FIRST NAME	Date of birth

JUNIOR COMPOUND WOMEN

LAST NAME	FIRST NAME	Date of birth

EUROPEAN INDOOR CHAMPIONSHIP



SENIOR RECURVE MEN	
LAST NAME	FIRST NAME

SENIOR RECURVE WOMEN	
LAST NAME	FIRST NAME

SENIOR COMPOUND MEN	
LAST NAME	FIRST NAME

SENIOR COMPOUND WOMEN	
LAST NAME	FIRST NAME

	JRM	JRW	JCM	JCW	SRM	SRW	SCM	SCW
PARTICIPANTS TEAMS								

OFFICIALS & accompanying people

Maximum of 4: please refer to FITA Const. & Rules Book (Book 1 Art. 3.15: Team Officials)

Last name, First name, Gender (M or F) Capacity(i.e. coach, doctor, physiotherapist, etc)

Team Captain 1. _____

Team Captain 2. _____

Assistants, Coaches:

3. _____ Capacity: _____

4. _____ Capacity: _____

5. _____ Capacity: _____



Others and accompanying people:

- _____

- _____

- _____

- _____

- _____

- _____

- _____

- _____

- _____

- _____

- _____

CONTACT PERSON

Please indicate below the name and details of a person from your Association who can be reached easily by the organizers for any question/information in relation with these Championship.

Last name/First name: _____

Capacity: _____

Tel.: _____ Fax: _____

Mobile: _____ E-mail: _____

I hereby declare that our Member Association is in good standing and that all athletes and officials' expenses are covered in case of illness or accident, and have signed the FITA Anti-doping Agreement.

CAMBRILS 2011

EUROPEAN INDOOR CHAMPIONSHIP

Date: _____ Signature: _____

President/Secretary

