

### Preliminary Entry Form for Open European Championships

Nation	
Address NAC	
Phone/Fax	
E-Mail	
Contact Person	
Remarks	

**We intend to register the following number of participants on a preliminary basis:**

TEAMS	N° of Teams	Total N° participants (incl. alternates)	N° for Option 1	N° for Option 2
FS 4-Way Open				
FS 8-Way Open				
FS 4-Way Female				
VFS Open				
Freestyle				
Free flying				

Head of Delegation	
Team Manager	
Team Coach	
Interpreter	
Accompanying Persons	

**Total number of people in Delegation:**

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_