



Open Nordic Baltic Deaf Orienteering Championships

14 - 16 september 2018 in Perstorp, Sweden

Final Registration Entry Form



NATION: _____

We confirm our final entry in the 2018 Open Nordic Baltic Deaf Orienteering Championships with names below:

In the “package” column, fill in X to the package you are interested in. Th-Su stands for Thursday-Sunday and Fr-Sun for Friday-Sunday. In the Events column, S stands for Sprint, M for Middle, L for Long. Fill in X to the events you plan to run.

ATHLETES (MEN, M21 (seniors))

	FAMILY NAME	FIRST NAME	DATE OF BIRTH (Day month year)	SI-NUMBER	PACKAGE		EVENTS		
					Th-Su	Fr-Sun	S	M	L
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATHLETES (WOMEN, W21 (seniors))

	FAMILY NAME	FIRST NAME	DATE OF BIRTH (Day month year)	SI-NUMBER	PACKAGE		EVENTS		
					Th-Su	Fr-Sun	S	M	L
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATHLETES (MEN, M20 (juniors))

	FAMILY NAME	FIRST NAME	DATE OF BIRTH (Day month year)	SI-NUMBER	PACKAGE		EVENTS		
					Th-Su	Fr-Sun	S	M	L
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATHLETES (WOMEN, W20 (juniors))

	FAMILY NAME	FIRST NAME	DATE OF BIRTH (Day month year)	SI-NUMBER	PACKAGE		EVENTS		
					Th-Su	Fr-Sun	S	M	L
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICIALS (Coach or leader or the like)

#	FAMILY NAME	Given Name	Date of Birth (Day Month Year)	Role	PACKAGE	
					Th-Su	Fr-Sun
1.					<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

We and our athletes declare that we have read the eligibility conditions for the Deaf World Championships and that we will comply with them. We agree to be filmed or photographed during the World Deaf Orienteering Championships for the purposes authorized by the ICSD.

We hereby certify that the all named athletes are DEAF, citizens of our nation, and that they are registered under appropriate gender.

President

____/____/2018
Date

Secretary General

This Final Entry Form must be received by the Orienteering Leader of Swedish Deaf Sports Federation by e-mail orientering@dovidrott.se by **15 August 2018.**

Observe that final entries are valid first after payment. **Payment needs to be done by 15 August 2018. See more in Bulletin 3.**