

ENTRY FORM - WRF R4 EVENTS

REGISTERED OFFICE:

Viale Tiziano, 70, 00196, Rome w Italy

HEADQUARTER AND SECRETARIAT:

Fraz. Neyran Dessus, 4 - 11020, Brissogne AO - Italy

Email: secretariat@worldraftingfederation.com - info@worldraftingfederation.com

This form shall be send to the event organizers to the email indicated in the Event's Bulletin.

The Head of the Delegation and the National Organization's President shall be responsible for the accuracy of the following declaration.

COUNTRY	
CATEGORY (M/W/MIX)	
DIVISION (U19, U23, SENIOR, MASTER)	
TEAM NAME (ex. NATION 1, NATION 2,...)	

MEMBERS OF THE DELEGATION

HEAD OF THE DELEGATION	
E-MAIL	
PHONE NUMBER	

COACH	
E-MAIL	
PHONE NUMBER	

ATHLETES	FIRST NAME	FAMILY NAME	DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY	GENDER
1. CAPTAIN					

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ADDITIONAL ADULTS	FIRST NAME	FAMILY NAME	POSITION

T-SHIRTS SIZES: ____ S ____ M ____ L ____ XL ____ XXL

Possible allergies or alimentary intolerances:

Name of the person : _____ types of food : _____

Number of vegetarians: _____

Date of arrival _____ Date of departure _____

Means of transport own flight

Milan (Malpensa) Airport terminal ____ h. arrival ____ h. departure ____

Turin (Caselle) Airport terminal ____ h. arrival ____ h. departure ____

Participants obligations

- *Each participant is required to be present throughout the whole duration of the event.*
- *Each participant is obliged to take part also in all of the non-sport activities.*
- *Each team undertakes to compete against all other participating teams.*
- *Each participant undertakes to compete against all other participants.*

The absence of any member of a participating team from any part of the entire sport program, opening-, prize-giving- and closing ceremonies may result in the team being excluded from the results.

*Signature of the Head of the Delegation
or of the National Organization's President*
