**ENTRY FORM Ski Jumping**

**FORMULAIRE D'INSCRIPTION Sau à ski**

**ANMELDEFORMULAR Skisprung**

|  |  |
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| **Competition (Name/Place)***Manifestation (Nom/Lieu)*Veranstaltung (Name/Ort) | **Date of race***Date de la course*Datum des Wettkampfs |
| **National Association** | **Cat.** | WC | COC | FIS |
| *Fédération Nationale* | *Cat.* | JUN | FC | OPA |
| Nationaler Verband | Kat. |  |  |  |
| **Responsible for entry** | Tel |
| *Responsable de l'incription* | Fax |
| Für die Meldung verantwortlich | e-Mail |
|  **COMPETITORS** *COUREURS* WETTKÄMPFER |  |
| **FIS Code** | **Surname, First Name** | **YB** | Gender | Competition |
| Code FIS | *Nom de famille, Prénom* | *AN* | Geschlecht | Bewerb |
| FIS Code | Familienname, Vorname | JG | **Men** | **La-****dies** | NH | LH | FH | Team |  |
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**Site**/*Lieu*/Ort **Date**/*Date*/Datum **Signature**/Unterschrift

 **OFFICIALS**

 *OFFICIELS*

 OFFIZIELLE

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| **Surname, First Name***Nom de famille, Prénom*Familienname, Vorname | **Function***Fonction*Funktion | **Arrival***Arrivée*Anreise | **Departure***Départ*Abreise |
|  | **Team Captain***/Chef d'équipe/*Mannschaftsführer |  |  |
|  |  |  |  |
|  | **Trainer**/*Entraîneur*/Trainer |  |  |
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|  | **Doctor**/*Médecin*/Arzt |  |  |
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|  | **Physiotherapist**/*Masseur*/Masseur |  |  |
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|  | **Technicians**/*Techniciens*/Techniker |  |  |
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|  | **Service personnel**/*Personnel de service*/Servicepersonal |  |  |
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| **Place, Date***Lieu, Date*Ort, Datum | **Signature**:*Signature*:Unterschrfit: |
| **Block letters please!** | *Ecrire en majuscules s.v.p.* | Bitte in Blockschrift schreiben! |