

1.PRELIMINARY ENTRY FORM

Name of Federation / Team:						
Contact person / Fur	nction:					
Phone:		E-mail:				
CANOE SPRINT		WOMEN		MEN	TOTAL CSP	
Competitors						
Coaches						
Team Leader						
President						
Secretary General						
ICF Officials						
Other persons						
TOTAL CSP						
			<u> </u>			
PARACANOE	WOMEN		MEN		TOTAL	
	Total	on wchc	Total	on wchc	Total	on wchc
Competitors						
Team Leader						
Coaches						
Other persons						
TOTAL PARACANOE						
Date of Arrival:		Date of Departure:				
BY PLANE BY TRAIN			BY BUS/CAR			
DEADLINES Documents will be sent accommodation@can			•		2025.com	
DATE: NAME/SIGNATURE						:



