

Entry Form

Closing date : 16.09.2013.

National Association :

Phone: _____

E-mail: _____

COACH / RESPONSIBLE PERSON:

Name: _____

Phone: _____

E-mail: _____

PLAYERS:

Name	Date of Birth	Category	ESF Member ID	National Ranking	Package	Extra night from ...to	Single Room

Please return this form by 16.09.2013. to ivansabv@gmail.com