**2022 IBSA Judo European Championships**

**and International Training Camp**

**INTENT OF PARTICIPATION**

Please return to disardiniaolbia@gmail.com by **20th April 2022**

**ATHLETES' ELIGIBILITY**

**Please note that all athletes must comply with the following conditions before being accredited to the event:**

**• IBSA Athletes License for the current year;**

**• Paid IBSA Membership fee for the current year;**

**• Valid eye classification,**

**ONLINE REGISTRATION SYSTEM**

**All entries for the Judo European Championships should be made also in the ISAS Online Registration System:**

[**https://isas.ibsasport.org/isas/entries/index**](https://isas.ibsasport.org/isas/entries/index)

**as well as sending paper entry forms to the LOC.**

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOUR COUNTRY IS CONSIDERING PARTICIPATION IN

**2022 IBSA Judo European Championships**

PLEASE, FILL THE FOLLOWING INFORMATION:

MALE ATHLETES: \_\_\_\_\_\_\_\_\_ FEMALE ATHLETES: \_\_\_\_\_\_\_\_

STAFF MALE: \_\_\_\_\_\_\_\_\_\_\_\_\_ STAFF FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_

TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_\_\_\_\_\_\_

ACCOMMODATION: Total number of **single** rooms required: \_\_\_\_\_\_\_\_\_\_\_\_

Total number of **double** rooms required: \_\_\_\_\_\_\_\_\_\_\_

Total number of **triple** rooms required: \_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOUR COUNTRY IS CONSIDERING PARTICIPATION IN

**International Training Camp**

PLEASE, FILL THE FOLLOWING INFORMATION:

MALE ATHLETES: \_\_\_\_\_\_\_\_\_ FEMALE ATHLETES: \_\_\_\_\_\_\_\_

STAFF MALE: \_\_\_\_\_\_\_\_\_\_\_\_\_ STAFF FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_

TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_\_\_\_\_\_\_

ACCOMMODATION: Total number of **single** rooms required: \_\_\_\_\_\_\_\_\_\_\_\_

Total number of **double** rooms required: \_\_\_\_\_\_\_\_\_\_\_

Total number of **triple** rooms required: \_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp and signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_