**11th IBSA Showdown European Championship 2024**

**ENTRY FORM**

|  |  |
| --- | --- |
| Country: |  |
| Total delegation size: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I Players** | | | | | | | |
|  | **First name** | **Surname** | **Male / Female (indicate with “M” or “F”)** | **Competition (indicate with “X”)** | | | **Vegetarian /**  **Vegan**  **(YES / NO)** |
| **Men** | **Women** | **Team** |
| 1. 1 |  |  |  |  |  |  |  |
| 1. 2 |  |  |  |  |  |  |  |
| 1. 3 |  |  |  |  |  |  |  |
| 1. 4 |  |  |  |  |  |  |  |
| 1. 5 |  |  |  |  |  |  |  |
| 1. 6 |  |  |  |  |  |  |  |
| 1. 7 |  |  |  |  |  |  |  |
| 1. 8 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **II Staff** | | | | | |
|  | **First name** | **Surname** | **Male / Female (indicate with “M” or “F”)** | **Status in the delegation (coach, guide, etc.)** | **Vegetarian /**  **Vegan**  **(YES / NO)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **III Room Details** Please, indicate the number of the rooms which you need. | |
| **№ of Single Rooms** |  |
| **№ of Double Rooms** |  |
| **№ of Dormitory** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **IV Arrival and Departure Details \*** Please, indicate here if you are coming with your own transport. | | | |
| **Arrival date and time** | **Flight / Train / Bus / \*** | **Need of transportation from the station/ airport** | **Number of persons** |
|  |  |  |  |
| **Departure date and time** | **Flight / Train / Bus / \*** | **Need of transportation from the station/ airport** | **Number of persons** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **V Contact Person** | | | | |
|  | **First name** | **Surname** | **E-mail address** | **Phone / Mobile** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **VI Any other information** |
| **This section is for the team. Please write any other information that you think we need to know,  such as special requirements, diseases, allergies, or any other questions you may have.** |
|  |

|  |
| --- |
| **VII Payment** |

We kindly ask you to deposit 100% of the total cost for participation in the   
11th IBSA European Championship 2024 in Bulgaria to the following bank account:

|  |  |
| --- | --- |
| **Name** | DSK Bank |
| **IBAN** | BG10 STSA 9300 1523 7553 53 |
| **BIC (SWIFT)** | STSABGSF |
| **Postal address** | DSK Bank  19 Moskovska Str.  1036 Sofia, Bulgaria |

|  |  |  |
| --- | --- | --- |
| **** | **Note** | **Please write the country you are from when transferring the costs.**  **We kindly ask you to scan and send us the document from the bank.** |

|  |  |  |
| --- | --- | --- |
| **** | **Payment Deadline** | **Please deposit the total cost until 31th May 2024** |