



# 4<sup>th</sup> European Deaf Feeder & Shot Cup

24 - 26<sup>th</sup> September 2020  
Sevilla (Spain)



## FORM REGISTRATION FORM

COUNTRY	
NUMBER OF PERSONS	
CONTACT PERSON	
E-MAIL	

TEAM	Nº	First name	Family Name	Gender * <sup>1</sup>	Date of Birth	Role * <sup>2</sup>
A	1					Athlete
	2					Athlete
	3					Athlete
	4					Athlete
B	1					Athlete
	2					Athlete
	3					Athlete
	4					Athlete
C	1					Athlete
	2					Athlete
	3					Athlete
	4					Athlete
	Nº	First name	Family Name	Gender * <sup>1</sup>	Date of Birth	Role * <sup>2</sup>
OFFICIALS	1					
	2					
	3					
	4					

\*<sup>1</sup> Gender: **M** (Man) or **W** (Woman)

\*<sup>2</sup> Role: Athlete, Coach, Assistant Coach, Leader/Director/Manager, Interpreter, Medical or Official NDSF

Please send this **FORM** to [pesca@feds.es](mailto:pesca@feds.es) with copy of **PASSPORT + PHOTO** of each athlete/official by e-mail no later than **15<sup>th</sup> July 2020**.

We and our athletes declare that we have read the eligibility conditions for the European Deaf Feeder & Shot Cup and that we will comply with them. We agree to be filmed or photographed during the event for the purposes authorized by the FEDS.

We hereby certify that the all named athletes are DEAF, citizens of our country, and that they are registered under appropriate gender.

<u>Place and date</u>	<u>Stamp</u>	<u>President</u>