**ENTRY FORM Cross-Country**

**FORMULAIRE D'INSCRIPTION Ski de fond**

**ANMELDEFORMULAR Langlauf**

|  |  |
| --- | --- |
| **Competition (Name/Place)***Manifestation (Nom/Lieu)*Veranstaltung (Name/Ort) | **Date of race***Date de la course*Datum des Wettkampfs |
| **National Association** | **Cat.** | WC | **Tech-****nique** | F |
| *Fédération Nationale* |  | COC | C |
| Nationaler Verband |  | FIS |  | Mixed |
| **Responsible for entry** | Tel |
| *Responsable de l'incription* | Fax |
| Für die Meldung verantwortlich | e-Mail |
|  **COMPETITORS** *COUREURS* WETTKÄMPFER |  |
| **FIS Code**  | **Surname, First Name** | **YB** | **Gender** | **Formats/Distances** |
| *Code FIS* | *Nom de famille, Prénom* | *AN* |  |  | *Bewerbe/Distanzen* |
| FIS Code  | Familienname, Vorname | JG | **Men** | **La-dies** | Spr-int | 15 km | 9 km | 6km | U20 | U18 |  |  |
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**Site**/*Lieu*/Ort **Date**/*Date*/Datum **Signature**/Unterschrift

 **OFFICIALS**

 *OFFICIELS*

 OFFIZIELLE

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| **Surname, First Name***Nom de famille, Prénom*Familienname, Vorname | **Function***Fonction*Funktion | **Arrival***Arrivée*Anreise | **Departure***Départ*Abreise |
|  | **Team Captain***/Chef d'équipe/*Mannschaftsführer |  |  |
|  |  |  |  |
|  | **Trainer**/*Entraîneur*/Trainer |  |  |
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|  | **Doctor**/*Médecin*/Arzt |  |  |
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|  | **Physiotherapist**/*Masseur*/Masseur |  |  |
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|  | **Technicians**/*Techniciens*/Techniker |  |  |
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|  | **Service personnel**/*Personnel de service*/Servicepersonal |  |  |
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| **Place, Date***Lieu, Date*Ort, Datum | **Signature**:*Signature*:Unterschrfit: |
| **Block letters please!** | *Ecrire en majuscules s.v.p.* | Bitte in Blockschrift schreiben! |