

**DEADLINE: August 1, 2003**



# NATIONAL TEAMS NOMINAL APPLICATION

3rd ICF Marathon Racing World Cup 2003

Organizing Committee Office:  
ELBH, Havlickova 35, Tyn nad Vltavou 375 01, Czech Republic  
phone: +420 608 166500, +420 602 363947, fax:+420 385 721245

## NOMINAL ENTRY FORM JUNIORS

Please write in block letters or with typewriter/computer

**Federation:**

**Contact Person:**

**Address:**

**Phone: Fax: E-mail:**

|        |      |            |               |
|--------|------|------------|---------------|
| K2 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

|          |      |            |               |
|----------|------|------------|---------------|
| K2 Women | Name | First name | Date of birth |
|          | Name | First name | Date of birth |
|          | Name | First name | Date of birth |

|        |      |            |               |
|--------|------|------------|---------------|
| C2 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

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**Federation:**

**Contact Person:**

**Address:**

**Phone:**  **Fax:**  **E-mail:**

|        |      |            |               |
|--------|------|------------|---------------|
| K1 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

|          |      |            |               |
|----------|------|------------|---------------|
| K1 Women | Name | First name | Date of birth |
|          | Name | First name | Date of birth |
|          | Name | First name | Date of birth |

|        |      |            |               |
|--------|------|------------|---------------|
| C1 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

### Declaration:

Under Article 12 of the ICF Marathon Racing Rules, I advise the Federation's racing colours to be worn by our competitors at the ICF Marathon Racing World Cup2003:

(Please complete)

I certify this entry is correct, that all competitors are eligible members of the federation and that I am duly authorised by my National Federation to submit this entry:

Signature:

Name:

Position in Federation:

Stamp of National Federation

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## NOMINAL ENTRY FORM SENIORS

Please write in block letters or with typewriter/computer

**Federation:**

**Contact Person:**

**Address:**

**Phone: Fax: E-mail:**

|        |      |            |               |
|--------|------|------------|---------------|
| K2 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

|          |      |            |               |
|----------|------|------------|---------------|
| K2 Women | Name | First name | Date of birth |
|          | Name | First name | Date of birth |
|          | Name | First name | Date of birth |

|        |      |            |               |
|--------|------|------------|---------------|
| C2 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

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Please write in block letters or with typewriter/computer

**Federation:**

**Contact Person:**

**Address:**

**Phone:**  **Fax:**  **E-mail:**

|        |      |            |               |
|--------|------|------------|---------------|
| K1 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

|          |      |            |               |
|----------|------|------------|---------------|
| K1 Women | Name | First name | Date of birth |
|          | Name | First name | Date of birth |
|          | Name | First name | Date of birth |

|        |      |            |               |
|--------|------|------------|---------------|
| C1 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

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## NOMINAL ENTRY FORM MASTERS

Please write in block letters or with typewriter/computer

**Federation:**

**Contact Person:**

**Address:**

**Phone: Fax: E-mail:**

|        |      |            |               |
|--------|------|------------|---------------|
| K2 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

|          |      |            |               |
|----------|------|------------|---------------|
| K2 Women | Name | First name | Date of birth |
|          | Name | First name | Date of birth |
|          | Name | First name | Date of birth |

|        |      |            |               |
|--------|------|------------|---------------|
| C2 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

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Please write in block letters or with typewriter/computer

**Federation:**

**Contact Person:**

**Address:**

**Phone:**  **Fax:**  **E-mail:**

|        |      |            |               |
|--------|------|------------|---------------|
| K1 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

|          |      |            |               |
|----------|------|------------|---------------|
| K1 Women | Name | First name | Date of birth |
|          | Name | First name | Date of birth |
|          | Name | First name | Date of birth |

|        |      |            |               |
|--------|------|------------|---------------|
| C1 Men | Name | First name | Date of birth |
|        | Name | First name | Date of birth |
|        | Name | First name | Date of birth |

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## COMPETITORS

Please write in block letters or with typewriter/computer

|                        |             |                |
|------------------------|-------------|----------------|
| <b>Federation:</b>     |             |                |
| <b>Contact Person:</b> |             |                |
| <b>Address:</b>        |             |                |
| <b>Phone:</b>          | <b>Fax:</b> | <b>E-mail:</b> |

| Men | Name | First name |
|-----|------|------------|
| 1   |      |            |
| 2   |      |            |
| 3   |      |            |
| 4   |      |            |
| 5   |      |            |
| 6   |      |            |
| 7   |      |            |
| 8   |      |            |
| 9   |      |            |
| 10  |      |            |
| 11  |      |            |
| 12  |      |            |
| 13  |      |            |
| 14  |      |            |
| 15  |      |            |
| 16  |      |            |
| 17  |      |            |
| 18  |      |            |
| 19  |      |            |
| 20  |      |            |
| 21  |      |            |
| 22  |      |            |
| 23  |      |            |
| 24  |      |            |
| 25  |      |            |
| 26  |      |            |

| Women | Name | First name |
|-------|------|------------|
| 1     |      |            |
| 2     |      |            |
| 3     |      |            |
| 4     |      |            |
| 5     |      |            |
| 6     |      |            |
| 7     |      |            |
| 8     |      |            |
| 9     |      |            |
| 10    |      |            |
| 11    |      |            |
| 12    |      |            |
| 13    |      |            |
| 14    |      |            |
| 15    |      |            |
| 16    |      |            |
| 17    |      |            |
| 18    |      |            |
| 19    |      |            |
| 20    |      |            |
| 21    |      |            |
| 22    |      |            |
| 23    |      |            |
| 24    |      |            |
| 25    |      |            |
| 26    |      |            |

| Men-Masters | Name | First name |
|-------------|------|------------|
| 1           |      |            |
| 2           |      |            |
| 3           |      |            |
| 4           |      |            |
| 5           |      |            |
| 6           |      |            |
| 7           |      |            |

| Women-Masters | Name | First name |
|---------------|------|------------|
| 1             |      |            |
| 2             |      |            |
| 3             |      |            |
| 4             |      |            |
| 5             |      |            |
| 6             |      |            |
| 7             |      |            |