**Entry by Name Form - Official**

|  |  |  |
| --- | --- | --- |
| **Delegation Form** | **Stamp** | **Signature** |
| COUNTRY: |  |  |

|  |  |
| --- | --- |
| Please attach  passport size  photograph | Please attach  passport size  photograph |
|
|

**ENTRY BY NAME**

|  |
| --- |
| **Family name:** |
| **Given Name:** |
| **Passport No:** |
| **Special Dietary Requirements (gluten, lactose, etc.):** |

|  |  |
| --- | --- |
| **POSITION** |  |
| **Head of delegation** |  |
| **Team Official** |  |
| **Coach** |  |
| **Care Staff** |  |
| **Doctor** |  |
| **Physiotherapist** |  |

**Please return this form to Mrs Jacqueline van de Werfhorst before 01 March 2014**

**Email:** [**TIC@7thinasec.com**](mailto:TIC@7thinasec.com)