**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**