



**ENTRY FORM**

*FORMULAIRE D'INSCRIPTION*

ANMELDUNGSFORMULAR

|  |  |
| --- | --- |
| **Competition (Name/Place) COC - NC Hoydalsmo, Norway***Manifestation (Nom/Lieu)* [post@hoydalsmo.no](file:///%5C%5Cv15-vtk-fil01%5CUsers%5Ctah%5CHIL%5CARRANGEM%5C2010%20coc%5Cpost%40hoydalsmo.no)Veranstatlung (Name/Ort) | **Date of race 06. – 08.01.17***Date de la course*Datum des Wettkampfs |
| **National Association** | **Cat.** | COC |  |  |
| *Fédération Nationale* | *Cat.* | SEN |  |  |
| Nationaler Verband | Kat. |  |  |  |
| **Responsible for entry** | Tel: |
| *Responsable de l'incription* | Fax: |
| Für die Meldung verantwortlich | E-mail: |
|  **COMPETITORS** *COUREURS* WETTKÄMPFER |  |
|  | **Surname, First Name** | **Sex** | **YB** | **Nordic Combined,** *Combiné Nordique*, Nord. Kombination |
|  | *Nom de famille, Prénom* |  |  | *AN* |  |
|  | Familienname, Vorname | **Men** |  | JG | 07.01 | 08.01 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Site**/*Lieu*/Ort **Date**/*Date*/Datum **Signature**/Unterschrift

 **OFFICIALS**

 *OFFICIELS*

 OFFIZIELLE

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Doctor**/*Médecin*/Arzt |  |  |
|  |  |  |  |
|  | **Physiotherapist**/*Masseur*/Masseur |  |  |
|  |  |  |  |
|  | **Technicians**/*Techniciens*/Techniker |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Service personnel**/*Personnel de service*/Servicepersonal |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Place, Date***Lieu, Date*Ort, Datum | **Signature**:*Signature*:Unterschrfit: |
| **Block letters please!** | *Ecrire en majuscules s.v.p.* | Bitte in Blockschrift schreiben! |