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| **FINAL ENTRY FORM** | **Officials** | **Please return by** | **11 MAR 2023** |  |
| name of federation |  | nation code |  |  |
| contact person |  | phone number |  |
| e-mail address |  | fax number |  |
|  |
| **no** | **gender****M=men W=women** | **officials** | **date of birth** | **position****(for identification please use legend below)** |
| **family name** | **first name** | **DD** | **MM** | **YY** |
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|  | **Legend:**Team LeaderTeam Coach Team Medical PersonnelTeam OfficialMedia Person |  | For Media please use also “Media Accreditation Form” |