



ENTRY FORM A

PLEASE RETURN AS SOON AS POSSIBLE PLEASE

Please complete using capital letters

Nation: _____

Tel: _____

Email: _____

Contact

Person: _____

Fax: _____

PARTICIPATION:

Estimated Number of Persons

Men

Women

Athletes

Coaches/Officials

Others

ABOUT RELAY COMPETITION

WOMEN RELAY

MEN RELAY

MIXED RELAY

ACCOMODATION:

The delegation will stay in the Official Hotel

YES

☐

IF YES: _____

Single rooms _____ num _____

from _____

Double rooms _____ num _____

from _____

Return to: **FEDERACIÓ CATALANA DE PENTATLÓ MODERN**

PHONE: **+ 34 676 48 27 03**

Web: www.fcpentatlo.cat

www.pentatlon.info

e-mail: europench2025@pentatlo.cat

Signature: _____

Name: _____

Date: _____