



ENTRY FORM B

PLEASE RETURN NO LATER THAN 10th MAY 2025

Please complete using capital letters

Nation: _____ Contact Person: _____
 Tel: _____ Fax: _____
 Email: _____

Male Athletes

Surname	First Name	ID Number	Date Birth	Swim time	Passport No.	Serial No

Female Athletes

Surname	First Name	ID Number	Date Birth	Swim time	Passport No.	Serial No

Officials

Surname	First Name	Function	Passport No

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: _____