



1st MEN's and WOMEN's EUROPEAN UNDER 23 WEIGHTLIFTING CHAMPIONSHIPS

11th -18th October 2009,

Władysławowo, POLAND



PRELIMINARY ENTRY FORM

This form must be returned by 31st July 2009

National Weightlifting Federation / Association of

Total number of ATHLETES

Women	
48 kg	
53 kg	
58 kg	
63 kg	
69 kg	
75 kg	
+75 kg	

Men	
56 kg	
62 kg	
69 kg	
77 kg	
85 kg	
94 kg	
105 kg	
+105 kg	

Number of OFFICIALS

	Women	Men
Officials		
Coaches		
Medical		
Other		

Arrival date:

Flight No:

Departure date:

Flight No:

Signature:

Date:

Return to:

Polish Weightlifting Federation
ul. Marymoncka 34
01-813 Warsaw, Poland

Tel./fax: ++48 22 834 11 42

++48 22 834 11 45

e-mail: biuro@pzpc.pl

www.pzpc.pl

European Weightlifting Federation
Via G. Giacomini, 83.P.O.Box 29
47890 Repubblica di San Marino

Tel.: +378 – 995-639

Fax: +378 – 913-795

E-mail: ewfsecretariat@omniway.sm

www.ewf.sm



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WEIGHTLIFTING CHAMPIONSHIPS**
11th -18th October 2009,
Władysławowo, POLAND



PRELIMINARY ENTRY FORM

This form must be returned by 12th August 2009

National Weightlifting Federation / Association of

MEN

No.	Cat.	Athlete's Name	Date of birth	Best Total	Arrival Date	Departure Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
Res.						
Res.						

OFFICIALS

Official's Name	Function	Date of Birth	Arrival Date	Departure Date

Signature:

Date:

Return to:

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Władysławowo, POLAND



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WOMEN

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Władysławowo, POLAND**



FINAL ENTRY FORM

This form must be returned by 28th September 2009

National Weightlifting Federation / Association of

MEN

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PRESS ACCREDITATION FORM

SURNAME: NAME

NATIONALITY: Address:

EMPLOYER: Address:

A.I.P.S. CARD NUMBER

FUNCTION (mark with a cross)

- | | | |
|--|--|--|
| <input type="checkbox"/> Journalist | <input type="checkbox"/> Press Agency | <input type="checkbox"/> Daily Newspaper |
| <input type="checkbox"/> Sports Magazine | <input type="checkbox"/> Photographer | <input type="checkbox"/> Radio Reporter |
| <input type="checkbox"/> Television Reporter | <input type="checkbox"/> Other, explain: | |

WHAT MEANS OF COMMUNICATION DO YOU INTEND TO USE (mark with a cross)

- | | | |
|------------------------------------|------------------------------|--|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Fax | <input type="checkbox"/> Other, explain: |
|------------------------------------|------------------------------|--|

HOTEL RESERVATION FORM

- | | |
|---|---|
| <input type="checkbox"/> Single 100 €/day | <input type="checkbox"/> Double 80 €/day/person |
|---|---|

All prices per person/day including breakfast, lunch and dinner.

Arrival	Departure
Date:	Date:
<input type="checkbox"/> Plane	<input type="checkbox"/> Plane
<input type="checkbox"/> Train	<input type="checkbox"/> Train
<input type="checkbox"/> Bus	<input type="checkbox"/> Bus
Hour:	Hour:

PLEASE RETURN THIS FORM BY 28th September 2009 to:

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INFORMATION ABOUT PARTICIPATING ATHLETES

Surname: Nationality:

Name: Category:

Profession: Sex: male/female .

Date of birth
(year, month, day and place of birth)

Family status: Children:

Club: Coach:

Best results: Snatch
 Clean &Jerk
 Total

Best results achieved in competition:

Notes for the Organizing Committee:

.....
.....

PLEASE RETURN THIS FORM BY 28th September 2009 to:

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11th -18th October 2009,

Władystawowo, POLAND



ACCOMMODATION FORM

(HOTEL RESERVATION)

This form must be returned by 28th September 2009

National Weightlifting Federation / Association of

DATE	SINGLE ROOM	DOUBLE ROOM
11/12 October 2009		
12/13 October 2009		
13/14 October 2009		
14/15 October 2009		
15/16 October 2009		
16/17 October 2009		
17/18 October 2009		

President or General Secretary

Name:

Date:

Signature:

Return to:

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