COMPETITION FORM

CLUB NAME	
COUNTRY AND CITY	
TEAM LEADER: Last and First Name	
CONTACT: Email and Phone	
COACH: Last and First Name	
COACH: Last and First Name	
COACH: Last and First Name	

COMPETITORS LIST

	LAST NAME	FIRST NAME	MALE/ FEMAL E	DIVISIO N 1 st /2 nd / 3 rd /4th	CATEGOR Y	WIFSA LICENCE NUMBER
1				5 /4th		
$\frac{1}{2}$						
$\frac{2}{3}$						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						





