

**ENTRY FORM**

*FORMULAIRE D’INSCRIPTION*

ANMELDUNGSFORMULAR

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| --- |
| **Competition (Name/Place) SKI Interkriterium Ricky v Orlickyh Horah (CZE)***Manifestation (Nom/Lieu)*Veranstatlung (Name/Ort) |
| **Responsible for entry *Julia Syparenko*** *Responsable de l'incription*  ***(+380--------------)***Für die Meldung verantwortlich контактна ел.адреса | **Date of race 27-28/01/17***Date de la course*Datum des Wettkampfs |
| **National Association** *Fédération Nationale* ***Ski Federation of Ukraine – team A***Nationaler Verband  | **Cat.**  | WC | COC | FIS |
| *Cat.*  | CIT | UNI | MAS |
| Kat. | JUN | **CHI** | NJC |
| **COMPETITORS***COUREURS* Lx M xWETTKÄMPFER |
| **Code No.***N. de code*Code Nr. | **Surname, First Name***Nom de famille, Prénom*Familienname, Vorname | **YB***AN*JG | DH | **SL** | **GS** | **SG** | **SC/C** | **NTE** | **Arrival***Arrivée*Anreise | **Departure***Départ*Abreise |
|  | **U14 - girls** |  |  |  |  |  |  |  |  |  |
|   | Vyshniak Sofiia | 03 |  | x | x |  |  |  | 26.01 | 29.01 |
|  | **U14 – boys** |  |  |  |  |  |  |  |  |  |
|  | Mariichyn Maksym | 03 |  | x | x |  |  |  | 26.01 | 29.01 |
|  | Korzhuk Vasyl | 04 |  | x | x |  |  |  | 26.01 | 29.01 |
|  | **U16 - girls** |  |  |  |  |  |  |  |  |  |
|  | Makovetska Yuliia | 01 |  | x | x |  |  |  | 26.01 | 29.01 |
|  | Diachenko Ielyzaveta | 01 |  | x | x |  |  |  | 26.01 | 29.01 |
|  | **U16 – boys** |  |  |  |  |  |  |  |  |  |
|  | PODOBEDOV Maksymilian | 01 |  | x | x |  |  |  | 26.01 | 29.01 |
|  | Sorokmanjuk Ilja | 01 |  | x | x |  |  |  | 26.01 | 29.01 |



**OFFICIALS**

*OFFICIELS*

OFFIZIELLE

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname, First Name***Nom de famille, Prénom*Familienname, Vorname | **Function***Fonction*Funktion | **Arrival***Arrivée*Anreise | **Departure***Départ*Abreise |
| Briukhanov Borys | **Team Captain***/Chef d'équipe/*Mannschaftsführer | 26.01 | 29.01 |
|  |  |  |
| Podovedov Robert | **Trainer**/*Entraîneur*/Trainer | 26.01 | 29.01 |
|  |  |  |
|  | **Doctor**/*Médecin*/Arzt |  |  |
|  |  |  |
|  | **Physiotherapist**/*Masseur*/Masseur |  |  |
|  |  |  |
|  | **Technicians**/*Techniciens*/Techniker |  |  |
|  |  |  |
|  | **Service personnel**/*Personnel**de service*/Servicepersonal |  |  |
|  |  |  |
|  |  |  |
| **Place, Date***Lieu, Date Kyiv, 20/01/2017*Ort, Datum | **Signature**: |
| **Block letters please!** *Ecrire en majuscules s.v.p.* Bitte in Blockschrift schreiben! |