



AFRICAN CHAMPIONSHIPS CADET GIRLS AND BOYS

Form 1a: Individual Numerical Inscription

FEDERATION _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Weight category Men	Number of Participants
-50 kg	
-55 kg	
-60 kg	
-66 kg	
-73 kg	
-81 kg	
-90 kg	
+90 kg	

Weight category Women	Number of Participants
-40 kg	
-44 kg	
-48 kg	
-52 kg	
-57 kg	
-63 kg	
-70 kg	
+70 kg	

Coaches	
Doctors	
Physiotherapist	
Referees	
Team Officials	

Total Competitors:		Total Officials:		Delegation Total:	
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Please send this document, completed to the organisers organizers championships@outlook.fr and nabil01@hotmail.com **before the 01 June 2013.**

DATE: _____

Signature of the head of the delegation and stamp of the federation



AFRICAN CHAMPIONSHIPS CADET GIRLS AND BOYS

Form 2a: FINAL ENTRY - WOMEN

COUNTRY		
Officials	Last Name (Family name)	First name (Given name)
Function		
Judoka	Last Name (Family name)	First name (Given name)
-40 kg		
-44 kg		
-48 kg		
-52 kg		
-57 kg		
-63 kg		
-70 kg		
+70 kg		

Please send this document, completed to the organiser's championships@outlook.fr and nabil01@hotmail.com before the **1st June 2013**.

DATE: _____

Signature of the head of the delegation and stamp of the federation

This form is only for organiser's purposes. Unless the inscription is done at www.judobase.org before the **1st June 2013** at midnight, the inscription is not valid.



AFRICAN CHAMPIONSHIPS CADET GIRLS AND BOYS

Form 2a: FINAL ENTRY – MEN

COUNTRY		
Officials	Last Name (Family name)	First name (Given name)
Function		
Judoka	Last Name (Family name)	First name (Given name)
-50 kg		
-55 kg		
-60 kg		
-66 kg		
-73 kg		
-81 kg		
-90 kg		
+90 kg		

Please send this document, completed to the organisers championships@outlook.fr and nabil01@hotmail.com before the **1st June 2013**.

DATE: _____

Signature of the head of the delegation and stamp of the federation

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AFRICAN CHAMPIONSHIPS CADET GIRLS AND BOYS

Form 3 : Hotel Reservation Form

Federation		VAT Number	
Email		Telephone No	
Address			
Rep for the Delegation		Mobile No	

Hotel	Date of Arrival	Time of Check In	Date of Departure	Time of Check out	No of Nights	Guest Category (athletes, official, referee etc)	Guests per Room (1/2)	Name of Guests	Total Amount (P)
								Total	

The organising committee will contact you for the detailed rooming list once the allocation is confirmed. Please send this document, completed to the organizers championships@outlook.fr and nabil01@hotmail.com

before the 01 June 2013.

To confirm your entry you are kindly asked to transfer the amount for your team by not later than the above deadline.

DATE: _____

Signature of the head of the delegation and stamp of the federation



AFRICAN CHAMPIONSHIPS CADET GIRLS AND BOYS

Form 4: Travel Schedule and Transfers

Federation	
Email / Mobile	

Travel by Plane

Date of Arrival	Arrival Flight No	Arrival Flight Time	Originating airport	Arrival airport	No of Persons
Date of Departure	Departure Flight No	Departure Flight Time	Departing from airport	To airport	No of Persons

Travel by Train

Date of Arrival	Train Number	Arrival Time	Originating station	Arrival station	No of Persons
Date of Departure	Train Number	Departure Time	Departing from station	To station	No of Persons

Travel by Car

Date of Arrival	Arrival Time	No of Persons	Date of Departure	Departure Time	No of Persons

Please send this document, completed to the organisers championships@outlook.fr and nabil01@hotmail.com **before the 01st June 2013.**

DATE: _____

Signature of the head of the delegation and stamp of the federation



AFRICAN CHAMPIONSHIPS CADET GIRLS AND BOYS

Form 5: Visa Application Form

FEDERATION _____

WE NEED THE INVITATION FROM _____ TILL _____

WE WILL APPLY FOR VISAS AT ALGERIAN EMBASSY IN _____ (COUNTRY, CITY)

*We kindly ask you to complete **all** columns in block letters. To arrange visas we also need **a copy of the first page of the passport** (where the picture is) of each participant*

No	Surname	First name (full as in passport)	Sex	Position	Date of birth	Nationality	Passport number	Date of issue	Date of expiry

Date: _____ Signature: _____

PLEASE RETURN THIS FORM TO THE ORGANISERS BEFORE 17th MAY 2013