



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: | |
|--------------------|--|------------------|--|-------------------|--|

Please send this document, completed to the organisers organizers judobotswana@gmail.com and nabil01@hotmail.com **before the 01 AUGUST 2012.**

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 judobotswana@gmail.com and nabil01@hotmail.com before the **1st September 2012**.

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 September 2012** 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 judobotswana@gmail.com and nabil01@hotmail.com before the **11th June 2012**.

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 September 2012** at midnight, the inscription is not valid.



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) |
|-------|-----------------|------------------|-------------------|-------------------|--------------|--|-----------------------|----------------|------------------|
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | 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 judobotswana@gmail.com and nabil01@hotmail.com

before the 20 August 2012.

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 judobotswana@gmail.com and nabil01@hotmail.com before the **01st September 2012**.

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 _____ **OCTOBER 2012**

WE WILL APPLY FOR VISAS AT BOTSWANA 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*

| ? | Surname | First name (full as in passport) | Sex | Position | Date of birth | Nationality | Passport number | Date of issue | Date of expiry |
|---|---------|----------------------------------|-----|----------|---------------|-------------|-----------------|---------------|----------------|
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |

Date: _____ Signature: _____

PLEASE RETURN THIS FORM TO THE ORGANISERS BEFORE 15th AUGUST 2012