



Form 1 (a): INSCRIPTION – INDIVIDUAL MEN

Federation i	information		
Name of Federa	tion :		
Name of Federation President:]
Contact telepho	ne with codes:]
Email:			
Address:			Signature and stamp of the federation
	•		
Weight category	Fam	nily Name – Given Name	Family Name – Given Name

Weight category Men	Family Name – Given Name
-60 kg	
-66 kg	
-73 kg	
-81 kg	
-90 kg	
-100 kg	
+100 kg	

	Family Name – Given Name
Coaches	
Medics	
Physiotherapist	
Referees	
Team Officials	
President/Secretary General	

Please send this document, completed, to the Mozambique Judo Federation and to the AJU Sport and Communication Director before the 10th March 2013. judochampionchip@mail.com<a href="mailto:judochampionchip@mail





Form 1 (b): INSCRIPTION – INDIVIDUAL WOMEN

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Federation	information]			
Name of Fede	ration :				
Name of Fede	ration President:				
Contact teleph	none with codes:				
Email:					
Address :					Signature and stamp of the federation
Weight category Women		Family Name – Given Name			Family Name – Given Name
-48 kg				Coaches	
-52 kg				Medics	
-57 kg				Physiotherapist	
-63 kg				Referees	
-70 kg				Team Officials	
-78 kg				President/Secretary General	
±79 kg				General	

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Form 2 (a): FINAL ENTRY – KATA TEAM

Federation information			
Name of Federation :			
Name of Federation President:			
Contact telephone with codes:			
Email:			
Address :			Signature and stamp of the federation
Officials	Last Name (Family name)		First name (Given name)
Function	Last Hame (Family hame)		riist name (Given name)
JUDGE	Last Name (Family name)		First name (Given name)
Licence	, , ,		
Kata Pairs	Last Name (Family name)		First name (Given name)
Nage-No-Kata			
3			
Nage-No-Kata			
3			
Katame-No-Kata			
Tatame Ito Rata			
Katame- No-Kata			
Ratalile 140 Rata			
Kime-No-Kata			
Tanto No Rata			

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Form 3 : Hotel Reservation Form

Federation information							
Name of Federation :							
Name of Federation President:							
Contact telephone with codes:							
Email:							
Address:						nd stamp of the fed	eration
Preferred Hote	I	Number of Rooms	Type of Room	Date of Arrival	Date of Departure	Number of Nights	Total Amount
						TOTAL	

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Form 4: Travel Schedule and Transfers

rederation into	illiation					
Name of Federation	:					
Name of Federation	President:					
Contact telephone w	ith codes:					
Email:						
Address :					Signature and stamp of t	the federation
Travel by						
Date of Arrival	Arrival Fi	light Number	Arrival Flight Time	Originating airport	Arrival airport	No of Persons
Date of Departure	Departure	Flight Number	Departure Flight Time	Departing from airport	To airport	No of Persons
		_				

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Form 5: Visa Application Form

Federation information	
Name of Federation :	
Name of Federation President:	
Contact telephone with codes:	
Email:	
Address :	Signature and stamp of the federation

Send passport copy of each member on the list

Status/Position	Given Name	Surname	Birth date (d/m/y)	Citizenship	Passport No.	Date of issue (d/m/y)	Expiry date (d/m/y)



34th African Senior Championships Maputo, Mozambique, 18-21 April 2013



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