*Annex1*

**PRELIMINARY/FINALENTRYFORM**

|  |  |
| --- | --- |
| **Country:****e-mail:****tel. and name of coach:** | **Total number of people** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***№*** | ***FULL Name as in the passport*** | ***Gender******M/F*** | ***Date of birth*** | ***Weight category,******sports /combat sambo*** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |

**Please return to:** **k\_sobih@yahoo.com****;confederationafricainedesambo@gmail.com**

**President**

**Stamp and signature**