



Form 1

Preliminary Entry Registration - Deadline: 10.10.2018

Technical Director:
Damien Antoine
E-Mail: judo@edso.eu

Preliminary entry: 10.10.2018 (Form 1)
Final entry:10.04.2019 (Form 2)
Name Registration:10.09.2019 (Form 3)

EDSO Representative:
xxxx
E-Mail: xxxxxx@edso.eu

Please!!! We ask you to return this form to Damien Antoine and cc to <EDSO representative> even if your country is not intending to participate. It is important for our preparations! Thank you!

2nd European Deaf Judo Championships 10th to 14th October 2019 in Braasschaat, Belgium

Nation:	
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We will participate in the 1st European Deaf Judo Championships:

MEN	-60kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
MEN	-66kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
MEN	-73kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
MEN	-81kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
MEN	-90kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
MEN	-100kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
MEN	+100kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
MEN	Team (-73,-90,+90) Up to 2 athletes by category		Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
WOMEN	-48kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>
WOMEN	-52kg	Up to 2 athletes	Yes <input type="checkbox"/> X <input type="checkbox"/>	Number athletes _____	No <input type="checkbox"/> X <input type="checkbox"/>



WOMEN	-57kg Up to 2 athletes	Yes X	Number athletes ____	No X
WOMEN	-63kg Up to 2 athletes	Yes X	Number athletes ____	No X
WOMEN	-70kg Up to 2 athletes	Yes X	Number athletes ____	No X
WOMEN	-78kg Up to 2 athletes	Yes X	Number athletes ____	No X
WOMEN	+78kg Up to 2 judokas	Yes X	Number athletes ____	No X
WOMEN	Team (-57,-70,+70) Up to 2 athletes per category	Yes X	Number athletes ____	No X
KATA TEAM	Nage No Kata (Max 2 couples mixed)	Yes X	Number Couple (Tori / Uke) ____ (Max 2 couples)	No X

DECLARATION

We hereby confirm that we have read and understood the EDSO General Sports and Technical Regulations.

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President (Name and signed)

Secretary (Name and signed)

Date (dd/mm/yyyy)