



## Form 3

### Name Registration - Deadline: 24.08.2022

Technical Director:

Jesper Søndergaard

E-Mail: [badminton@edso.eu](mailto:badminton@edso.eu)

Final entry: ..... 30.07.2022 (Form 2)

Name Registration: ..... 24.08.2022 (Form 3)

EDSO Representative:

T.B.C.

*Please!!! We ask you to return this form to Jesper Søndergaard even if your country is not intending to participate. It is important for our preparations! Thank you!*

### 9<sup>th</sup> European Deaf Badminton Championships 24<sup>th</sup> September to 1<sup>st</sup> October 2022 in Palanga, Lithuania

<b>Nation</b>	
---------------	--

We will participate in the 9<sup>th</sup> European Deaf Badminton Championships:

Note: Youth players can participate in the adult competition as well.

#### Men participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)
1				
2				
3				
4				
5				
6				
7				
8				

#### Women participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)
1				
2				
3				
4				
5				
6				
7				
8				



### Team Event Squad

Team event must consist of between 2 and 4 players of both genders.

#### Men:

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

#### Women:

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

### Individual Events

#### Men's Singles:

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			
5			
6			
7			
8			

#### Women's Singles:

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			
5			
6			
7			
8			



**Men's Doubles:**

	FAMILY NAME	First Name
1		
2		
3		
4		

**Women's Doubles:**

	FAMILY NAME	First Name
1		
2		
3		
4		

**Mixed Doubles:**

	FAMILY NAME	First Name
1		
2		
3		
4		
5		
6		
7		
8		



--	--	--

## Officials:

	FAMILY NAME	First Name	Position
1.			
2.			
3.			
4.			
5.			
6.			

**Each Official must enter his/her position. For example:**

**President**

**Leader**

**Coach / Assistant Coach**

**Doctor**

**Physiotherapist**

**Interpreter**

## For Technical Meeting our delegates will attend are:

	FAMILY NAME	First Name	Position	
1.				Deaf
2.				Deaf/Hearing

## DECLARATION

*On behalf of our players and officials we declare that we have read and will comply with the regulations for the EDSO Competitions, and the information provided by us in this form is accurate to our knowledge.*

*We confirm that all our players named herein are deaf, citizens of our country, and registered under the appropriate gender. All our players and officials have a current valid passport issued by our country.*

*We understand that a fine will be levied on any player withdrawn after the final entry. The schedule fees are shown on the EDSO website:*

<https://www.edso.eu/wp-content/uploads/2018/03/EDSO-Schedule-Fees-v3.1.pdf>

*No player can be replaced after the final entries on **24.08.2022**, with the exception of those with a valid doctor's certificate that the player should not be allowed to start.*

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

--	--

President (Name and signed)

Secretary (Name and signed)

--

Date (dd/mm/yyyy)