**PRELIMINARY AGREEMENT ANNEX 1**

TO BE RETURNED BEFORE **25th April 2025**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPOSITION OF THE MISSION** | | | | |
|  | | | | |
| **TO:**  **Local Organizing Committee**  German Armed Forces Sports School  CISM-Office | |  | **Copy:**  **German Delegation to CISM / CISM Headquarters**  German Armed Forces Office / LtCol Jan Van den Dool  Department of Sport and Physical Fitness / CISM SD | |
| **Address:** | Dr. Rau-Allee 32  48231 Warendorf/Germany |  | **Address:** | Fontainengraben 150  53123 Bonn/Germany |
| **Tel:** | +49 2581 9411 4100 |  | **Tel:** | +49 228 5504 2751 / Mobile: +31 630861878 |
| **Fax:** | +49 2581 9411 1111 |  | **Fax:** | +49 228 5504 5224 |
| **E-Mail:** | <SportSBwCISM@bundeswehr.org> |  | **E-Mail:** | [gedelegationcism@bundeswehr.org](mailto:gedelegationcism@bundeswehr.org) / cismsportsdepartment@milsport.one |

|  |  |
| --- | --- |
| **COUNTRY** |  |
|  |  |

**TOTAL NUMBER OF PARTICIPANTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **OFFICIALS** | **JUDO ATHLETES** | **TAEKWONDO ATHLETES** | **WRESTLING ATHLETES** | **TOTAL** |
| **Men** |  |  |  |  |  |
| **Women** |  |  |  |  |  |
| **Total** |  |  |  |  |  |

* **Does your delegation need a visa to travel? YES NO.**

**If the answer is YES, start the process immediately.**

* **Do your athletes need TUE? YES NO.**

**If the answer is YES, you can already start the process.**

|  |  |
| --- | --- |
| **MEANS OF TRANSPORT** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DATE** | **SIGNATURE CHIEF OF DELEGATION** | **RANK/NAME** |
|  |  |  |

|  |  |
| --- | --- |
| **YOUR CONTACT** | |
| **Rank/Name** |  |
| **Phone/Mobile** |  |
| **E-Mail** |  |