**FINAL ENTRY**

TO BE RETURNED BEFORE **23rd May 2025**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEFINITIVE TRAVEL INFORMATION** | | | | |
|  | | | | |
| **TO:**  **Local Organizing Committee**  German Armed Forces Sports School  CISM-Office | |  | **COPY:**  **German Delegation to CISM / CISM HQ**  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 / +31 630861878 |
| **Fax:** | +49 2581 9411 1111 |  | **Fax:** | +49 228 5504 5224 |
| **E-Mail:** | [SportSBwCISM@bundeswehr.org](file:///\\itbw.itb.local\fsbw\SKB\SportSBw-NWG\CISM-DEU\Altablage%20bis%2031.08.2023\05.%20Maßnahmen%202025\Projekt%20WMC%20Judo,%20Taekwondo,%20Wrestling\Invitation\MP%20CISM%20HQ\SportSBwCISM@bundeswehr.org) |  | **E-Mail:** | [gedelegationcism@bundeswehr.org](mailto:gedelegationcism@bundeswehr.org) / cismsportsdepartment@milsport.one |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DATE** | **TIME** | **PLACE** | **FLIGHT NO** |
| **ARRIVAL** |  |  |  |  |
| **DEPARTURE** |  |  |  |  |

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

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

**FINAL ENTRY**

TO BE RETURNED BEFORE **23rd May 2025**:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPOSITION OF THE MISSION** | | | | | | | |
|  | | | | | | | |
| **COUNTRY** | |  | | | |
|  | | | | | | | |
| **NO** | **FUNCTION** | | **RANK** | **FIRST NAME** | **LAST NAME** | | **M/F** |
| 1 | Chief of Mission | |  |  |  | |  |
| 2 | Deputy Chief of Mission \* | |  |  |  | |  |
| 3 | Medical Staff/Physiotherapist | |  |  |  | |  |
| 4 | Medical Staff/Physiotherapist \* | |  |  |  | |  |
| **\*** **If a nation participates in all three disciplines, it may add one Deputy Chief of Mission and one Medical Staff/Physiotherapist.** | | | | | | | |
| **JUDO** | | | | | | | |
| 3 | Team Captain | |  |  |  | |  |
| 4 | Coach | |  |  |  | |  |
| 5 |  |  |  | |  |
| 6 | Referee | |  |  |  | |  |
| 7 | CSC Member | |  |  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** | **FUNCTION** | **RANK** | **FIRST NAME** | **LAST NAME** | **WEIGHT** |
|
|  | Male Athlete |  |  |  | - 60 kg |
|  |  |  |  | - 66 kg |
|  |  |  |  | - 73 kg |
|  |  |  |  | - 81 kg |
|  |  |  |  | - 90 kg |
|  |  |  |  | - 100 kg |
|  |  |  |  | + 100 kg |
| **\*** |  |  |  |  |
|  | Female Athlete |  |  |  | - 48 kg |
|  |  |  |  | - 52 kg |
|  |  |  |  | - 57 kg |
|  |  |  |  | - 63 kg |
|  |  |  |  | - 70 kg |
|  |  |  |  | - 78 kg |
|  |  |  |  | + 78 kg |
| **\*** |  |  |  |  |

**\* Each mission is allowed to bring only one competitor per weight category.**

**In addition, each mission may bring one additional competitor in a weight class of your choice.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TAEKWONDO** | | | | | |
| **NO** | **FUNCTION** | **RANK** | **FIRST NAME** | **LAST NAME** | **M/F** |
|  | Team Captain |  |  |  |  |
|  | Coach |  |  |  |  |
|  |  |  |  |  |
|  | Referee |  |  |  |  |
|  | CSC Member |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** | **FUNCTION** | **RANK** | **FIRST NAME** | **LAST NAME** | **WEIGHT** |
|
|  | Male Athlete |  |  |  | - 54 kg |
|  |  |  |  | - 58 kg |
|  |  |  |  | - 63 kg |
|  |  |  |  | - 68 kg |
|  |  |  |  | - 74 kg |
|  |  |  |  | - 80 kg |
|  |  |  |  | - 87 kg |
|  |  |  |  | + 87 kg |
|  | Female Athlete |  |  |  | - 46 kg |
|  |  |  |  | - 49 kg |
|  |  |  |  | - 53 kg |
|  |  |  |  | - 57 kg |
|  |  |  |  | - 62 kg |
|  |  |  |  | - 67 kg |
|  |  |  |  | - 73 kg |
|  |  |  |  | + 73 kg |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Wrestling** | | | | | |
| **NO** | **FUNCTION** | **RANK** | **FIRST NAME** | **LAST NAME** | **M/F** |
|  | Team Captain |  |  |  |  |
|  | Coach Freestyle |  |  |  |  |
|  | Coach Greco-Roman |  |  |  |  |
|  | Coach Female |  |  |  |  |
|  | Referee |  |  |  |  |
|  | CSC Member |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** | **FUNCTION** | **RANK** | **FIRST NAME** | **LAST NAME** | **WEIGHT** |
|
|  | Athlete Freestyle |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Athlete Greco-Roman |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Female Athlete |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

In strict compliance with applicable CISM Regulations (Chapter VII, art: 7.23), I, the undersigned Chief of Delegation, hereby officially confirm that all athletes representing my nation in the CISM event are on active duty in my nation’s Armed Forces. I understand that sanctions may be imposed against my nation, my mission, my team, individual athletes, or myself for violation of this provision (CISM Regulations Chapter I, Art: 1.12).

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

If the answer is YES, continue the process you already started when sending the Preliminary Agreement.

* Do your athletes need TUE? YES NO.

If the answer is YES, start the process immediately.

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