**FINAL ENTRY**

TO BE RETURNED BEFORE **1st November 2024**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEFINITIVE TRAVEL INFORMATION** | | | | |
|  | | | | |
| **TO: Local Organizing Committee**  German Armed Forces Sports School  CISM-Office | |  | **Copy: German Delegation to CISM**  German Armed Forces Office  Department of Sport and Physical Fitness | |
| **Address:** | Dr. Rau-Allee 32  48231 Warendorf/Germany |  | **Address:** | Fontainengraben 150  53123 Bonn/Germany |
| **Tel:** | +49 2581 9411 4100 |  | **Tel:** | +49 228 5504 2751 |
| **Fax:** | +49 2581 9411 1111 |  | **Fax:** | +49 228 5504 5224 |
| **E-Mail:** | SportSBwCISM@bundeswehr.org |  | **E-Mail:** | gedelegationcism@bundeswehr.org |

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

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

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

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

**FINAL ENTRY**

TO BE RETURNED BEFORE **1st November 2024**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPOSITION OF THE MISSION** | | | | | | | |
|  | | | | | | | |
| **COUNTRY** | |  | | | |
|  | | | | | | | |
| **No** | **FUNCTION** | | **RANK** | **FIRST NAME** | **LAST NAME** | | **M/F** |
| 1 | Chief of Mission | |  |  |  | |  |
| 2 | Team Captain | |  |  |  | |  |
| 3 | Coach \* | |  |  |  | |  |
| 4 |  |  |  | |  |
| 5 | Medical Staff/ Physiotherapist | |  |  |  | |  |
| 6 | CSC Member \*\* | |  |  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NO | FUNCTION | RANK | FIRST NAME | LAST NAME | DOB (D/M/Y) |
|
| 7 | Male Athlete |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 | Female Athlete |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |
| 21 |  |  |  |  |
| 22 |  |  |  |  |
| 23 |  |  |  |  |
| 24 |  |  |  |  |
| 25 |  |  |  |  |
| 26 |  |  |  |  |
| 27 | Para Athlets Men |  |  |  |  |
| 28 |  |  |  |  |
| 29 |  |  |  |  |
| 30 |  |  |  |  |
| 31 | Para Athlets Women |  |  |  |  |
| 32 |  |  |  |  |
| 34 |  |  |  |  |
| 35 |  |  |  |  |

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.

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