

DELEGATION		
	NAME OF THE FEDERA	TION
ADDRESS:		
PHONE:		
FAX:		
EMAIL:		
	TEAM 1	ENTRY
TEAM:	_FEMALE	_ MALE
ATHLETES:	_	
COACHES	_	
REFEREES:	_	
DELEGATE:	_	
OTHER(S)	_	
TOTAL PERSONS I	N THE DELEGATION:	
NAME OF AUTHOR	RIZED PERSON:	
		PRINT NAME
SIGNATURE OF AU	UTHORIZED PERSON:	
TITLE:		

NOTE: This information must be received by the Organizing Committee no later than 12:00 PM of **DECEMBER 10, 2012** 



## ANNEX B TEAM REGISTRATION

DEL	EGATION	NAME OF TH	E FEDERATION		
TEA	ΔM:	_ FEMALE	MALE		
DEL	LEGATE:				
HEA	AD COACH:				
ASS	ISTANT:				
REF	EREE:				
			TEAM ROSTER		
Cap Number		Name	Date off Birth	Citizenship	Passport Number
1					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
NAN	ME OF AUTHO	RIZED PERSON	I:PRINT N	AME	_
SIG	NATURE OF A	UTHORIZED PI	ERSON:		
TITI	LE:				

NOTE: This information must be received by the Organizing Committee no later than 12:00 PM of JANUARY 7,2013



## ANNEX C TRAVEL INFORMATION FOR CALGARY, CANADA

ARRIVAL:		
CITY:	DATE:_	
NUMBER OF PERSONS:		
FLIGHT:		
TIME:		
COMMENTS:		
DEPARTURE:		
CITY:	DATE:_	
NUMBER OF PERSONS:		
FLIGHT:		
TIME:		
COMMENTS:		
NAME OF AUTHORIZED PERSON:		PRINT NAME
SIGNATURE OF AUTHORIZED PERS	ON:	
TITLE:		

NOTE: This information must be received by the Organizing Committee no later than 12:00 PM of **DECEMBER 15, 2012**