**FORM1: DELEGATION’S NUMERICAL INSCRIPTION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| FEDERATION: | | | |
| CONTACT PERSON |  | POSITION |  |
| PHONE NUMBER |  | EMAIL |  |

**ATHLETES**

|  |  |
| --- | --- |
| **Weight category**  **Men** | **Number of Participants** |
| -60 kg |  |
| -66 kg |  |
| -73 kg |  |
| -81 kg |  |
| -90 kg |  |
| -100 kg |  |
| +100 kg |  |

**OTHER DELEGATION MEMBERS**

|  |  |
| --- | --- |
| **Function** | **Number of Participants** |
| Coaches |  |
| Doctors |  |
| Physiotherapist |  |
| Referees |  |
| Team Officials |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total Competitors: |  | Other Delegation Members: |  | Delegation Total: |  |

**TRANSFERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you need transfer | YES | NO | Number of Persons |  |

**Attention:**

1. Only inscriptions filled and confirmed by national federations will be accepted.
2. This form must be returned to the Portuguese Judo Federation ([portugalevents@fpj.pt](mailto:portugalevents@fpj.pt)) before **30th December 2016.**
3. To be entered in Jumas inscription system by not later than **30th January 2017.**

Date: \_\_/\_\_/\_\_ Head of the Delegation's Signature & Federation's Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM 2: DELEGATION’S NOMINAL INSCRIPTION

**COACHES AND OFFICIALS**

|  |
| --- |
| FEDERATION: |

|  |  |  |
| --- | --- | --- |
| **COACHES / OFFICIALS** | | |
|  | **Name/Surname** | **Function** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

|  |  |
| --- | --- |
| **Referees** | **Licence** |
|  | **IFJ - A 🗆 / B 🗆 / National 🗆** |
|  | **IFJ - A 🗆 / B 🗆 / National 🗆** |

|  |  |  |
| --- | --- | --- |
| **OTHERS** | | |
|  | **Name** | **Function** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

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Date: \_\_/\_\_/\_\_ Head of the Delegation's Signature & Federation's Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM 2: NOMINAL INSCRIPTION

**ATHLETES**

|  |
| --- |
| FEDERATION: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Weight category** | **Family Name** | | **First Name** | **Date of birth** | **Best results** |
| **-60 kg** | 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| **-66 kg** | 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| **-73 kg** | 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| **-81 kg** | 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| **-90 kg** | 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| **-100 kg** | 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| **+100 kg** | 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM 3: TRAVEL SCHEDULE AND TRANSFERS

**FLIGHT SCHEDULE**

|  |
| --- |
| **FEDERATION:** |

**ARRIVAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PLANE / TRAIN | | | | | |
| Date | Time | Flight number | From | Airport/railway station arrival | Number of Persons |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Car / bus** | | |
| Date | Time | Persons number |
|  |  |  |
|  |  |  |
|  |  |  |

**DEPARTURE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PLANE / TRAIN | | | | | |
| Date | Time | Flight number | To | Airport/railway station arrival | Number of Persons |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Car / bus** | | |
| Date | Time | Number of Persons |
|  |  |  |
|  |  |  |
|  |  |  |

**TRANSFERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you need transfer | YES | NO | Number of Persons |  |

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Date: \_\_/\_\_/\_\_ Head of the Delegation's Signature & Federation's Stamp:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM 4: VISA APLICATION FORM**

|  |
| --- |
| FEDERATION: |

Arrival Date: Departure Date:

We will apply for the Visas at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Embassy in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City/Country).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **Position** | **Date of Birth** | **Place of Birth** | **Nationality** | **Passport Nº** | **Date of Issue** | **Date of Expiry** |
|  |  |  |  |  |  |  |  |  |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM 5: MEDIA ACCREDITATION FORM**

**FEDERATION**

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Passport Number |  |
| AIPS Card Numberº |  |
| National Press Card Number |  |
| Personal e-mail |  |
| Personal Mobile Number |  |
| Company |  |
| Company Post Address |  |
| Postal Code, City, Country |  |
| Sports department E-mail |  |
| Sports department Phone |  |
| Subscribe to EJU updates | YES / NO *(please select)* |
| Subscribe colleagues off-site | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| Function (please select) | Journalist | Photographer | Technician |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medium (please select) | Television | Radio | Newspaper | Magazine | Internet |

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