



Technical official: Horst-Peter Scheffel ~~Preliminary entry: 06.08.2014~~
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 Fax : +49 4151 9979 501 **Name registration: 06.08.2015**

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**Please!!! We ask you to return this form to both table tennis T.D. Horst-Peter Scheffel and Guido Zanicchia before the deadline date!
 Thank you!**

Name registration
 for the participation in the

**1th European Deaf Youth Table Tennis
 Championships
 from 6th until 12th May 2015 in Baden/ AUS**



Men

Country _____

<i>Name</i>	<i>First name</i>	<i>Birthday</i>	<i>ICSD ID number</i>
1.			
2.			
3.			
4.			
<i>Reserve</i>			
<i>Reserve</i>			

Women

<i>Name</i>	<i>First name</i>	<i>Birthday</i>	<i>ICSD ID number</i>
1.			
2.			
3.			
4.			
<i>Reserve</i>			
<i>Reserve</i>			

Officials

<i>Name</i>	<i>First name</i>	<i>Birthday</i>	<i>Function</i>
1.			
2.			
3.			
4.			
5.			
6.			

Country _____

Men Single

Women Single

Name	Birthday	Name	Birthday
1.		1.	
2.		2.	
3.		3.	
4.		4.	
<i>Reserve</i>		<i>Reserve</i>	
<i>Reserve</i>		<i>Reserve</i>	

Men Double

Name	Birthday	Name	Birthday
1.		1.	
2.		2.	
<i>Reserve</i>		<i>Reserve</i>	
<i>Reserve</i>		<i>Reserve</i>	

Women Double

Name	Birthday	Name	Birthday
1.		1.	
2.		2.	
<i>Reserve</i>		<i>Reserve</i>	
<i>Reserve</i>		<i>Reserve</i>	

Mixed Double

Name	Birthday	Name	Birthday
1.		1.	
2.		2.	
3.		3.	
4.		4.	
<i>Reserve</i>		<i>Reserve</i>	
<i>Reserve</i>		<i>Reserve</i>	

Place, date

President

Secretary