



Vasyl Sandugei
EDSO Representative

Preliminary entry: **06.08.2014**
Final entry: **06.02.2015**
Name registration: **06.08.2015**

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EDSO General Regulations:
XIII. Preliminary and Final Registrations
<http://www.edso.eu/regulations>

Please!!! We ask you to return this form to the EDSO even if your country is not intending to participate. It is important for our preparations! Thank you!

Preliminary entry
For the participation in the

1th Youth European Deaf Table Tennis Championships
from 06th - 12th September 2015 in Baden/AUT



We will participate in the Youth European Deaf Table Tennis Championships:

Yes No

Yes, we are interested No, we are not interested

Age: 12 – 14 Years Yes _____ No _____

Age: 15 – 18 Years Yes _____ No _____

Girl SINGLE (max.4 players) _____ Girl DOUBLE (max.2 doubles) _____

Boy SINGLE (max.4 players) _____ Boy DOUBLE (max.2 doubles) _____

MIXED DOUBLE (max.2 doubles) _____

Total number: Girl ____ Boy ____ Officials ____ TOTAL ____

Name of the organization: _____

Address: _____

E-Mail: _____

Place, date _____

President _____

Secretary _____