

EUROPEAN DEAF SPORT ORGANIZATION



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Power of Attorney

DELEGATE FORM

PLEASE FILL IN BLOCK CAPITALS

Country Information	
COUNTRY: _____	
First Name:	Last Name:
Address:	
Zip/Postcode:	
E-Mail Address:	
Fax: (Incl International dialing e.g. +44)	
Have you paid your 2006 Affiliation fees?	YES NO

DELEGATES		
	First Name	Last Name
1.		
2.		
Observers Only		
3.		
4.		

President Signature:	
President PRINT:	
Secretary Signature:	
Secretary PRINT:	
DATE:	