APPLICATION FORM

on behalf of Federation (club) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for participation in World Championship in sports knife throwing from December 15, 2017 to December 17, 2017 in Moscow, RF

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| № | Participant: name, surname and patronymic | Date of birth | Title and class | Federation (club) country | Exercises | Coach:  name, surname and patronymic. | Physician:  name, surname and patronymic, signature to approve the sportsman’s participation | Consent to personal data processing |
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\_\_\_\_participants are allowed to take part in the competitions.

**President of Federation (club principal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

«\_\_\_» \_\_\_\_\_\_\_ 2017.