

European Veterans Fencing Team Championships

Organiser

[Venue]

[Dates]

Send before, date limite envoi

[Date]

To

[Email]

[Fax]

Member

Intention to Participate and Entry Form by Number

Formulaire d'inscription en nombre

Federation, Fédération

Head of Delegation

Address, Adresses

Telephone

Fax

Email

Officials, Officiels

Referees, Arbitres

Coaches, Entraîneurs

Additional People, Personnes Supplémentaires

Fencers, Tireurs

Veterans

Grand Veterans

	V1	V2	V3	V4
Womens Foil, Fleuret Dames				
Mens Foil, Fleuret Hommes				
Womens Epee, Epée Dames				
Mens Epee, Epée Hommes				
Womens Sabre, Sabre Dames				
Mens Sabre, Sabre Hommes				
Total Number of Teams				

Signature

Head of Delegation

Date

Federation or
Association
Stamp/Cachet