**Application Form 1 - OPEN SECTION**

**EUROPEAN YOUTH U18 TEAM CHESS CHAMPIONSHIP**

**August 16 – August 24, 2017, Rymanów Zdrój, Poland**

National Federation: ....................................................................................................................................................................................

Tel: ............................................ fax: ............................................ e-mail: ..................................................................................................

The person in charge of the Federation: ......................................................................... Signature: .............................................................

 (Surname, Name, Position)

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| No | Surname, Name | Title | FIDE IDnumber | Date ofbirth | Passportnumber | PST “Stomil” Rymanów ZdrójSingle/Double\*/Triple\* | Arrival | Departure | TransferYes/No | Player/Captain |
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**\*In the case of double & triple room please mention the names of persons living together.**

**All players, captains and accompanying persons are kindly request to send photos for badges by email**

**to: dme@eytcc2017.pl**

**The completed Application Form 1 should be sent by official email to:**

**dme@eytcc2017.pl**

**THE DEADLINE IS JUNE 15th, 2017.**

**Application Form 2 - GIRLS SECTION**

**EUROPEAN YOUTH U18 TEAM CHESS CHAMPIONSHIP**

**August 16 – August 24, 2017, Rymanów Zdrój, Poland**

National Federation: ....................................................................................................................................................................................

Tel: ............................................ fax: ............................................ e-mail: ..................................................................................................

The person in charge of the Federation: ......................................................................... Signature: .............................................................

 (Surname, Name, Position)

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| No | Surname, Name | Title | FIDE IDnumber | Date ofbirth | Passportnumber | PST “Stomil” Rymanów ZdrójSingle/Double\*/Triple\* | Arrival | Departure | TransferYes/No | Player/Captain |
| 1 |  |  |  |  |  |  | date | time | date | time |  |  |
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**\*In the case of double & triple room please mention the names of persons living together.**

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**dme@eytcc2017.pl**

**THE DEADLINE IS JUNE 15th, 2017.**

**Application Form 3 – HEAD OF DELEGATION, ACCOMPANYING PERSONS**

**EUROPEAN YOUTH U18 TEAM CHESS CHAMPIONSHIP**

**August 16 – August 24, 2017, Rymanów Zdrój, Poland**

National Federation: ....................................................................................................................................................................................

Tel: ............................................ fax: ............................................ e-mail: ..................................................................................................

The person in charge of the Federation: ......................................................................... Signature: .............................................................

 (Surname, Name, Position)

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| No | Surname, Name | Title | FIDE IDnumber | Date ofbirth | Passportnumber | PST “Stomil” Rymanów ZdrójSingle/Double\*/Triple\* | Arrival | Departure | TransferYes/No | Player/Captain |
| 1 |  |  |  |  |  |  | date | time | date | time |  |  |
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**\*In the case of double & triple room please mention the names of persons living together.**

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**to dme@eytcc2017.pl**

**The completed Application Form 3 should be sent by official email to:**

**dme@eytcc2017.pl**

**THE DEADLINE IS JUNE 15th, 2017.**