

**2nd EUROPEAN MEN'S & WOMEN'S UNDER 23  
CHAMPIONSHIPS  
LIMASSOL – CYPRUS  
19 - 28 November 2010**

**PRELIMINARY ENTRY FORM**  
**This Form must be returned by 30 September 2010**  
(Please type)

National Weightlifting Federation/Association of: \_\_\_\_\_

**NUMBER OF ATHLETES:**

<b>WOMEN</b>	
48 Kg	
53 Kg	
58 Kg	
63 Kg	
69 Kg	
75 Kg	
+75 Kg	

<b>MEN</b>	
56 Kg	
62 Kg	
69 Kg	
77 Kg	
85 Kg	
94 Kg	
105 Kg	
+105 Kg	

**NUMBER OF OFFICIALS:**

<b><u>FUNCTION</u></b>	<b><u>WOMEN</u></b>	<b><u>MEN</u></b>
<b>Team Leaders</b>		
<b>Coaches</b>		
<b>Doctors</b>		
<b>Others</b>		

**President or General Secretary**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Cyprus Weightlifting Federation  
Amfipoleos 21 – 2025 Strovolos  
Nicosia - CYPRUS  
Phone: +357 22449522  
Fax: +357 22449523  
Web page: [www.weightlifting.org.cy](http://www.weightlifting.org.cy)  
Email: [info@weightlifting.org.cy](mailto:info@weightlifting.org.cy)

European Weightlifting Federation  
Via Gino Giacomini, 83  
P.O. Box 29 - Città  
47890 Rep. San Marino  
Tel. +378 995639  
Fax +378 913795  
Web page: <http://www.ewf.sm>  
Emails: [ewfsecretariat@omniway.sm](mailto:ewfsecretariat@omniway.sm)

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**PRELIMINARY ENTRY FORM - MEN**

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National Weightlifting Federation/Association of: \_\_\_\_\_

N°	Athlete's Name & Surname	Date of Birth	Cat	Best Total	Arrival Date	Departure Date
1.		/ /			/ /	/ /
2.		/ /			/ /	/ /
3.		/ /			/ /	/ /
4.		/ /			/ /	/ /
5.		/ /			/ /	/ /
6.		/ /			/ /	/ /
7.		/ /			/ /	/ /
8.		/ /			/ /	/ /
9.R		/ /			/ /	/ /
10.R		/ /			/ /	/ /

N°	Official's Name & Surname	Date of Birth	Position	Arrival Date	Departure Date
1.		/ /		/ /	/ /
2.		/ /		/ /	/ /
3.		/ /		/ /	/ /
4.		/ /		/ /	/ /
5.		/ /		/ /	/ /

**President or General Secretary**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**PRELIMINARY ENTRY FORM - WOMEN**

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1.		/ /			/ /	/ /
2.		/ /			/ /	/ /
3.		/ /			/ /	/ /
4.		/ /			/ /	/ /
5.		/ /			/ /	/ /
6.		/ /			/ /	/ /
7.		/ /			/ /	/ /
8.R		/ /			/ /	/ /
9.R		/ /			/ /	/ /

N°	Official's Name & Surname	Date of Birth	Position	Arrival Date	Departure Date
1.		/ /		/ /	/ /
2.		/ /		/ /	/ /
3.		/ /		/ /	/ /
4.		/ /		/ /	/ /
5.		/ /		/ /	/ /

**President or General Secretary**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**ACCOMODATION FORM**

**This Form must be returned by 30 September 2010**

(Please type)

**Number of Hotel rooms**

National Weightlifting Federation/Association of: \_\_\_\_\_

Date	Single room	Double room
19.11.2010		
20.11.2010		
21.11.2010		
22.11.2010		
23.11.2010		
24.11.2010		
25.11.2010		
26.11.2010		
27.11.2010		
28.11.2010		

**President or General Secretary**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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