**FIRST ENTRY FORM**

|  |  |
| --- | --- |
| COUNTRY |   |
| NAME OF TEAM |   |
| NUMBER OF PLAYERS |  |
| NUMBER OF STAFF |   |
| NUMBER OF SINGLE ROOM |   |
| NUMBER OF DOUBLE ROOM |   |

|  |  |
| --- | --- |
| CONTACT PERSON |  |
| PHONE |  |
| E- MAIL |  |

Please return the completed entry form ASAP but no later than **15 August, 2025**.

**E-mail:** **int.comp.gesfed@gmail.com**

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**Phone: +905425466843**