|  |  |  |
| --- | --- | --- |
|  | **xxth FIPS-Mouche xxxx Fly Fishing Championship****City – Country - dates** | Logo to include |

**TEAM REGISTRATION / APPLICATION FORM**

|  |  |
| --- | --- |
| Federation |  |
| Country/Team |  |
| Address/Street or PO Box |  |
| City |  | Postcode |  |
| Phone number |  | Fax |  |
| Email |  |

|  |  |
| --- | --- |
| Team Manager/Captain |  |
| Phone Number |  |
| Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team** |  |  |  |  |
|  | **Team Role** | **First name** | **Surname** | **Shirt size** | **Remarks** |
| 1 | Manager |   |  |  |  |
| 2 | Captain |  |  |  |  |
| 3 | Competitor |  |  |  |  |
| 4 | Competitor |  |  |  |  |
| 5 | Competitor |  |  |  |  |
| 6 | Competitor |  |  |  |  |
| 7 | Competitor |  |  |  |  |
| 8 | Reserve |  |  |  |  |
| **Room request:****Special dietary requests:** |

**Certificate of Eligibility**

This is to certify that each team member is a Citizen of his/her team’s country and has not represented another country of which he/she was or is a citizen in the three years prior to the date of the championship.

Each team member is a paid up member of a national organisation which is a paid up member of FIPS-Mouche.

Signature of President of the registering Member Federation or duly authorised person.

…………………………………………………. Authorised Signature (Federation Representative)

I have read the COVID-19 General safety protocol for this FIPS-Mouche Championships and on behalf of team I accept its conditions.

……….………………………………………… Authorised signature (Captain/Manager)

**GUESTS REGISTRATION / APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Guests** | **First name** | **Surname** | **Email Address (Optional )**  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

**Room requests:**

**Special dietary requirements:**

**Registration Fees**

|  |  |  |  |
| --- | --- | --- | --- |
| Registration Fees | Quantity | Price **P/P** | **Total Amount** |
| Team (competitors, reserve, captain, manager) |  |  |  |
| Accompanying persons/guests |  |  |  |
| Additional charges for Single room occupancy |  |  |  |

To be prefilled-in by Organizer

|  |
| --- |
| **BANK TRANSFER INFORMATION** |
| Account Name  |  |
| Bank name |  |
| Account Number. |  |
| BIC / Swift Code . |  |
|  |  |

An official confirmation receipt will be sent by email once application and entry fees are received.

International Organiser

Cell Phone:

Email :