**ANNEX 1**

***Preliminary Agreement***

To be returned before : February 1ST 2018

Email: cismnl@mindef.nl

NATION:

TOTAL NUMBERofPARTICIPANTS**:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Officials | Athletes | CSC members | Referees | Total |
| Men |  |  |  |  |  |
| Women |  |  |  |  |  |
| Total |  |  |  |  |  |

Means of transPORT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| DATE:\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | SIGNATURE OF CHIEF OF DELEGATION |
|  |  |
|  | RANK/NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Your Contact** | **Rank/Name** |  |
| **Phone** |  |
| **E-Mail** |  |