**PRELIMINARY AGREEMENT ANNEX 1a**

TO BE RETURNED BEFORE **12th October 2018**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPOSITION OF THE MISSION** | | | | |
|  | | | | |
| **TO: Organizing Committee Para Sit Cup**  German Armed Forces Sports School  CISM-Office | |  | **Copy: German Delegation to CISM**  German Joint Support Service Headquarters  Department of Sport and Physical Fitness | |
| **Address:** | Dr. Rau-Allee 32  48231 Warendorf/Germany |  | **Address:** | Fontainengraben 150  53170 Bonn/Germany |
| **Tel:** | +49 2581 9411 4100 or 4102 |  | **Tel:** | +49 228 5504 2751 |
| **Fax:** | +49 2581 9411 1111 |  | **Fax:** | +49 228 5504 2714 |
| **E-Mail:** | SportSBwCISM@bundeswehr.org |  | **E-Mail:** | gedelegationcism@bundeswehr.org |

|  |  |
| --- | --- |
| **COUNTRY** |  |
|  |  |

**TOTAL NUMBER OF PARTICIPANTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **OFFICIALS** | **ATHLETES** | **TOTAL** |
| **Men** |  |  |  |
| **Women** |  |  |  |
| **Total** |  |  |  |

|  |  |
| --- | --- |
| **MEANS OF TRANSPORT** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DATE** | **SIGNATURE CHIEF OF DELEGATION** | **RANK/NAME** |
|  |  |  |

|  |  |
| --- | --- |
| **YOUR CONTACT** | |
| **Rank/Name** |  |
| **Phone/Mobile** |  |
| **Fax** |  |
| **E-Mail** |  |