



FINAL AGREEMENT

ANNEX 2a

TO BE RETURNED BEFORE **2nd May 2017**:

DEFINITIVE TRAVEL INFORMATION

TO: Organizing Committee 4 Nations Cup
 German Armed Forces Sports School
 CISM-Office

Address: Dr. Rau-Allee 32
 48231 Warendorf/Germany

Tel: +49 2581 9411 4100 or 4102

Fax: +49 2581 9411 1111

E-Mail: SportSBwCISM@bundeswehr.org

Copy: German Delegation to CISM
 German Joint Support Service Headquarters
 Department of Sport and Physical Fitness

Address: Fontainengraben 150
 53170 Bonn/Germany

Tel: +49 228 5504 2751

Fax: +49 228 5504 2714

E-Mail: gedelegationcism@bundeswehr.org

COUNTRY

MEANS OF TRANSPORT

	DATE	TIME	PLACE	FLIGHT NO
ARRIVAL				
DEPARTURE				

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

DATE	SIGNATURE CHIEF OF DELEGATION	RANK/NAME



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ANNEX 2b

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COMPOSITION OF THE MISSION

COUNTRY

FUNCTION	NO	RANK	FIRST NAME	LAST NAME	(M/F)
Team Captain	1				
Coach	1				
Assistant Coach	1				
Trainer/Physician	1				
Referee	1				
Assistant Referee	1				

NO	FUNCTION	RANK	FIRST NAME	LAST NAME
1	Female Athlete			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				



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NO	FUNCTION	RANK	FIRST NAME	LAST NAME
18	Female Athlete			
19				
20				
21				

In strict compliance with applicable CISM Regulations (Chapter VII, art: 7.22), I, the undersigned Chief of Delegation, hereby officially confirm that all athletes representing my nation in the CISM event are on active duty in my nation's Armed Forces. I understand that sanctions may be imposed against my nation, my mission, my team, individual athletes, or myself for violation of this provision (CISM Regulations Chapter I, Art: 1.12).

DATE	SIGNATURE CHIEF OF DELEGATION	RANK/NAME