**FINAL ENTRY ANNEX 2a**

TO BE RETURNED BEFORE **07th June 2019**:

|  |
| --- |
| **DEFINITIVE TRAVEL INFORMATION** |
|  |
| **TO: SpFördGrpBw Altenstadt** |  | **Copy: German Delegation to CISM**German Joint Support Service HeadquartersDepartment of Sport and Physical Fitness |
| **Address:** | Burglachbergstr.3086972 Altensatdt |  | **Address:** | Fontainengraben 15053170 Bonn, Germany |
| **Tel:** | +49 8861 9090 3250 |  | **Tel:** | +49 228 5504 2751 |
| **Fax:** | - |  | **Fax:** | +49 228 5504 2714 |
| **E-Mail:** | sportfgrpaltenstadt@bundeswehr.org |  | **E-Mail:** | gedelegationcism@bundeswehr.orgsportsbwcism@bundeswehr.org |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date** | **Time** | **Place** | **Flight** |
| **ARRIVAL** |  |  |  |  |
| **DEPARTURE** |  |  |  |  |

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

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

**FINAL ENTRY ANNEX 2b**

TO BE RETURNED BEFORE **07th June 2019**:

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| **COMPOSITION OF THE MISSION** |
|  |
| **COUNTRY** |  |
|  |
| **No.** | **Function** | **Rank** | **Surname** | **Given Name** | **Gender (M/F)** |
| 1 | Team Captain |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Function** | **Rank** | **Surname** | **Given Name** | **Date of Birth** | **Gender (M/F)** |
| 2 | Athlete |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

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** |
|  |  |  |