**ENTRY FORM**

|  |  |  |
| --- | --- | --- |
| COUNTRY |  | |
| NAME OF TEAM |  | |
| MEN/ WOMEN |  | |
| NUMBER OF PLAYERS | Male |  |
| Female |  |
| NUMBER OF STAFF |  | |
| NUMBER OF SINGLE ROOM |  | |
| NUMBER OF DOUBLE ROOM |  | |

|  |  |
| --- | --- |
| CONTACT PERSON |  |
| PHONE |  |
| E- MAIL |  |

Please return the completed entry form ASAP but no later than **01 March st, 2024**.

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