



Registration form

Please fill in a form for each participating team

Team name _____

Category

- | | |
|-------------------------------------|-------------------------------------------|
| <input type="checkbox"/> men 580 kg | <input type="checkbox"/> women 520 kg |
| <input type="checkbox"/> men 640 kg | <input type="checkbox"/> youth U19 560 kg |
| <input type="checkbox"/> men 680 kg | <input type="checkbox"/> mixed 600 kg |

Name of the teammembers (max. 12 members per team)

	Name	Surname	m/w
Athlet 1			
Athlet 2			
Athlet 3			
Athlet 4			
Athlet 5			
Athlet 6			
Athlet 7			
Athlet 8			
Coach			
Reserve 1			
Reserve 2			
Reserve 3			

Arrivel

- by flight by car

Flightnumber _____
date and time of the arrival at Zurich airport _____
date and time of the DEPARTURE from Zurich airport _____

Accomodation

- civil defense lodgings (for free) Hotel