ENTRY FORM Cross Country Skiing- Roller Ski FORMULAIRE D'INSCRIPTION Ski de fond - Ski a roulette ANMELDEFORMULAR Langlauf – Rollerski

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| **Competition (Name/Place)** Manifestation (Nom/Lieu) Veranstaltung (Name/Ort) | **FIS Roller Ski Asian Cup (Schuchinsk, Kazakhstan)** | **Date of race**Date de la course Datum des Wettkampfs | **04-07.09.2025** |
| **National Association** Fédération Nationale Nationaler Verband |  | Cat. | WC | FIS |
|  | **X** |
| **Responsible for entry***Responsable de l'incription*Für die Meldung verantwortlich |  | Tel |  |
| e-Mail |  |

**COMPETITORS**/COUREURS/WETTKÄMPFER

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| **FIS Code** *Code FIS* FIS Code | **Surname, First Name** *Nom de famille, Prénom* Familienname, Vorname | **YB** AN JG | **Gen** | **Binding** | **Formats** |
| **M** | **W** | **NNN** | **SNS** | **Sprint C 1.2 km** |  | **Interval F 5 / 10** |  | **Sprint F 200 m** |  | **Mass C 16 / 20** |
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| **Place, Date**Lieu, DateOrt, Datum |   | **Signature**SignatureUnterschrfit |   |

**Block letters please! /** Ecrire en majuscules s.v.p. / Bitte in Blockschrift schreiben!



**COMPETITORS**/COUREURS/WETTKÄMPFER

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| **Surname, First Name**Nom de famille, PrénomFamilienname, Vorname | **Function**Fonction Funktion | **Arrival**ArrivéeAnreise | **Departure**DépartAbreise |
|   | **Team Captain**Chef d'équipeMannschaftsführer |  |  |
|   |  |  |
|   | **Trainer** Entraîneur Trainer |  |  |
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|   | **Doctor** Médecin Arzt |  |  |
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|   | **Physiotherapist** Masseur Masseur |  |  |
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|   | **Technicians** *Techniciens* Techniker |  |  |
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|   | **Service personnel** Personnel de service Servicepersonal |  |  |
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| **Place, Date**Lieu, DateOrt, Datum |  | **Signature**: Signature:Unterschrfit: |  |

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