**REGISTRATION FORM**

\*Please send this form **before 15th february** 2024 to fadec@once.es\*

* GENERAL INFORMATION

Country:

Contact Person:

E-mail of Contact Person:

Phone of Contact Person:

Total number of athletes:

Total number of staff:

Total of persons:

* ATHLETES

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| **LAST NAME** | **GIVEN NAME** | **PASSPORT Nº****(or another ID document)** | **BIRTH DATE** | **PLAYER****POSITION** |
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* STAFF

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| **LAST NAME** | **GIVEN NAME** | **PASSPORT Nº****(or another ID document)** | **BIRTH DATE** | **SAFF****FUNCTIONS** |
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