

# EUROKAN 2015

V. OPEN EUROPEAN CHAMPIONSHIP KYOKUSHIN-KAN  
BERLIN / GERMANY / 30.05.2015 - 31.05.2015

## ATTACHMENT #6

### COMMON APPLICATION OF A WHOLE DELEGATION, INCLUDING SUPPORTERS

Country:	
The Name of the Country National Federation:	
Total number of delegation members:	

Team representatives:		Fighters:		Coaches:		Judges:		Medics:		Guests:	
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Name of team representative:	
Contact phone number of team representative:	

Date:	
Signature and stamp of the president of the Country National Federation:	



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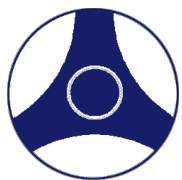
No	Last and first name of a delegation member (as stated in passport)	Status (team rep., fighter, coach, judge, medic, guest)	Passport No	Grade	Date of arrival, kind of transport, flight number, destination of arrival	Date of departure, kind of transport, flight number, point of departure	Accommodation in Berlin (accredited hotel or other)
				Kyu Dan			
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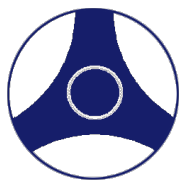
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