



**2nd OPEN ALWATANI CLUB TABLE TENNIS
CHAMPIONSHIPS
AL _ ZARQA – JORDAN
APRIL 2nd – APRIL 6th. 2009**

A Second entry form by name

COUNTRY COUNTRY CODE

ADDRESS OF NATIONAL PARALYMPIC COMMITTEE

NAME & POSITION REPRESENTATIVE OF NPC

TEL : + FAX : +

E-mail:

DATE SIGNATURE

Deadline of 2. Entry-not later than 1st February 2009

B

ARRIVAL / DEPARTURE FORM

COUNTRY

COUNTRY
CODE

Arrival from airport							
	Date	Time	Flight No.	Airport	No. of Persons	No. of Wheelchairusers	No. of Wheelchairs
Air							
Rail							
Road							

Departure to the airport							
	Date	Time	Flight No.	Airport	No. of Persons	No. of Wheelchairusers	No. of Wheelchairs
Air							
Rail							
Road							

D

SECOND ENTRY BY NAME - STAFF

COUNTRY

COUNTRY
CODE

No	Family Name	Given Name	Sex (M/F)	Room partner 1 (Family Name)	Wheelchair user (Yes/No)	Room partner 2 (Family Name)	Wheelchair user (Yes/No)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

E APPLICATION FOR CLASSIFICATION

COUNTRY

COUNTRY
CODE

PERSONAL DATA

Family name :		
Given name(s) :		
Date of Birth Year Month Day/...../.....	Sex Female <input type="checkbox"/> Male <input type="checkbox"/>	Wheelchairuser Yes <input type="checkbox"/> No <input type="checkbox"/>

**Expected Date & Time of Arrival
to country :**

(Necessary for Scheduling Classification !!!)

Brief Description of Disability :

Class Used in Home Competitions !!

F

ACCOMMODATION LIST

COUNTRY

COUNTRY
CODE

No	Family Name	Given Name	Sex (M/F)	Room partner 1 (Family Name)	Wheelchair user (Yes/No)	Room partner 2 (Family Name)	Wheelchair user (Yes/No)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							