Região Autónoma da Madeira | Secretaria Regional de Educação | Direção Regional de Juventude e Desporto

MACHICO CÂMARA MUNICIPAL

INSTITUTO PORTUGUÊS DO DESPORTO E JUVENTUDE, I. P.

PENTATLO MODERNO MADEIRA

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Please complete using capital letters

Nation:_____ **Contact person:**_____

Tel:_____ **Email:** _____

No	Last Name	First Name	UIPM license id	Sex M/F	Function (Athlete, Coach etc.)	Arrival airport	Arrival Date	Time	Flight Number	Departure airport	Departure Date	Time	Flight Number	Room Type (Sgl/Dbl /Triple)	Room Partner

Signature: _____ **Name (printed):** _____ **Date:** _____

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