



## Individual entry form

### Participant informaton

Surname \_\_\_\_\_  
 Name \_\_\_\_\_  
 Country \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_  
 Grade \_\_\_\_\_  
 IFK registration number \_\_\_\_\_

### Accomodation informaton

Accommodation type	Full event (24 – 28 April)	Seminar only (24 – 26 April)	WC only (26 – 28 April)
3-star twin room (shared, 2 beds)	<input type="checkbox"/> 440	<input type="checkbox"/> 235	<input type="checkbox"/> 240
3-star single use room	<input type="checkbox"/> 540	<input type="checkbox"/> 285	<input type="checkbox"/> 290
4-star twin room (shared, 2 beds)	<input type="checkbox"/> 490	<input type="checkbox"/> 260	<input type="checkbox"/> 265
4-star single use room	<input type="checkbox"/> 585	<input type="checkbox"/> 305	<input type="checkbox"/> 310

*Please check box to indicate your choice*

Roommate: \_\_\_\_\_

Allergies or restrictions: \_\_\_\_\_

I certify that the above details are correct. I have been advised to take out personal insurance (travel / medical) for the event and that I'm fully aware of the rules I will participate under. I confirm that I take part at his or her own risk. I approve the publication of pictures and film made during the event.

**Participants signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_