

## LATE ATHLETE ENTRY REQUEST FORM

<b>=</b> .		Team :		Gender :		
Date :		Place :				
TO BE CONSIDERED COMPLETE ALL	INFORMATION MU	ST BE PROVIDED	). INCOMPLETE FORMS WILL NOT			
Passport				Preferred Athlete *		
Family Name	Given Name		Second Name	Family Name	Given Name	
Birthdate DD.MM.YYYY		Place of Birth (C	city)	Country of Birth		
Citizenship		Passport Number & Expiry Date		Previous or 2nd Citize	Previous or 2nd Citizenship **	
Citizenship of Father		Citizenship of Mother		Country of Residence		
Jersey No.	Position (C; LW;R	RW;D;GK)	Height (cm)	Weight (kg)	Shoots/Catches	
Current Club		National Associa	ation/League	Club Country		
INGTRUGTIONS						
INSTRUCTIONS						
a) Complete the form in its entirety. Only pers	ons authorized by the Memb	per Nation Association m	ay complete and submit this form.			
b) Submit the form electronically to: info@live	ehydra.com					
c) If the form is submitted less than 48 hours b	pefore the start of the Passp	ort Control Meeting the M	MNA must inform the Tournament Chairman that	at a Late Athlete Entry Request has been	submitted.	
	1	FORM COM	PLETED BY (MAIN CO	NTACT\		
	-		FEETED BT (WAIN CO	NIACI)		
Family Name	Given Na		Mobile Nur		E-Mail Address	
Family Name					E-Mail Address	
Family Name					E-Mail Address	
Family Name					E-Mail Address	
Family Name					E-Mail Address	
Family Name		me	Mobile Nur		E-Mail Address	
Family Name		me			E-Mail Address	
	Given Na	me SE	Mobile Nur	mber		
Family Name		me SE	Mobile Nur	mber	E-Mail Address  E-Mail Address	
	Given Na	me SE	Mobile Nur	mber		
	Given Na	me SE	Mobile Nur	mber		
	Given Na	me SE	Mobile Nur	mber		
	Given Na	me SE	Mobile Nur  CONDARY CONTACT  Mobile Nur	mber		
Family Name	Given National distribution of the athlete prefers to be	SE me	Mobile Nur  CONDARY CONTACT  Mobile Nur  display (i.e. Robert-Bob).	mber	E-Mail Address	
Family Name  * Preferred Athlete Name: Name as to how	Given National distribution of the athlete prefers to be	SE me	Mobile Nur  CONDARY CONTACT  Mobile Nur  display (i.e. Robert-Bob).	mber	E-Mail Address	
Family Name  * Preferred Athlete Name: Name as to how	Given National distribution of the athlete prefers to be	SE me	Mobile Nur  CONDARY CONTACT  Mobile Nur  display (i.e. Robert-Bob).	mber	E-Mail Address	
Family Name  * Preferred Athlete Name: Name as to how  ** To be eligible to participate in an IIHF cha	Given Na	SE me e known for results on has changed his co	Mobile Nur  CONDARY CONTACT  Mobile Nur  display (i.e. Robert-Bob).	mber  countries must be in accordance of	E-Mail Address with IIHF Eligibility By-laws.	
Family Name  * Preferred Athlete Name: Name as to how  ** To be eligible to participate in an IIHF chains.	Given Na	SE me e known for results on has changed his co	Mobile Nur  CONDARY CONTACT  Mobile Nur  display (i.e. Robert-Bob).	mber  countries must be in accordance of	E-Mail Address with IIHF Eligibility By-laws.	
Family Name  * Preferred Athlete Name: Name as to how  ** To be eligible to participate in an IIHF chains.	Given Na	SE me e known for results on has changed his co	Mobile Nur  CONDARY CONTACT  Mobile Nur  display (i.e. Robert-Bob).	mber  countries must be in accordance of	E-Mail Address with IIHF Eligibility By-laws.	

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