

**PARTICIPATION FORM 1**

**EUROPEAN OPEN SCHOOL CHAMPIONSHIP U15**

**BASKETBALL – ZRENJANIN 2024**

(To be returned to [info@europeanschoolsport.com](mailto:info@europeanschoolsport.com) )

**COUNTRY**

**NAME OF THE ORGANISATION/ADDRESS/PHONE NUMBER**

**ESSF MEMBER/ NON-ESSF MEMBER/ DIRECTLY APPLYING SCHOOL (DAS)**

**TEAMS**

School team boys (2)

School team boys (3)

School team boys (1)

School team girls (3)

School team girls (2)

School team girls (1)

School team boys (2)

School team boys (2)

**\*One country can have unlimited number of school teams. If more than 3 in one category, add number.**

**CONTACT PERSON (NAME, PHONE NUMBER, FUNCTION)**

**STAMP (ESSF MEMBER/INSTITUTION/DAS)** **SIGNATURE**