

**PARTICIPATION FORM 1**

**ESSF EUROPEAN OPEN SCHOOL CHAMPIONSHIP U15**

**BELGRADE 2024**

**COUNTRY**

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

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

**TEAMS**

School team girls (1)

School team boys (1)

School team girls (2)

School team boys (2)

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

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