**Appendix 1)**

**PROVISIONAL ENTRY FORM**

**WAKO YOUTH EUROPEAN CHAMPIONSHIP 2025 - BRAGA, PORTUGAL**

**(Last day for preliminary entry: 29.05.2025)**

**Name of Association**: ...........................................................................................................................................

**Address**: ...............................................................................................................................................................

**Country**: …………..................................................................................................................................................

**Telephone No**: ........................................... **Fax No**: .........................................................................................

**E‑Mail**: ..................................................................................................................................................................

The above named association intends to enter a National Team in the WAKO European youth Championships (all styles) – Braga, Portugal - consisting provisionally of the team numbers showed below.

**Provisional Team Numbers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Athletes** | **Coaches** | **Officials** | **Referees** | **Others** | **Total** |
|  |  |  |  |  |  |

**Provisional Athletes Entries:**

|  |  |  |
| --- | --- | --- |
| **Style** | **Male** | **Female** |
| Musical Forms |  |  |
| Point Fighting |  |  |
| Light Contact |  |  |
| Kick Light |  |  |
| K-1 |  |  |
| Low Kick |  |  |
| Full contact |  |  |

**Once completed please return this form by 29.05.2025 to:**

**DRINS PROMOTION**

E-mail: [**drins.promotion@gmail.com**](mailto:drins.promotion@gmail.com)

Tel.: +39 3385674365  
 **Cc to: WPC – Fights Sports Events**

E-mail: [**bragachampionship@gmail.com**](mailto:bragachampionship@gmail.com)

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 2)**

**FINAL ENTRY FORM  
WAKO EUROPEAN YOUTH CHAMPIONSHIP 2025 – BRAGA, PORTUGAL  
(Last day for final entry: 29.07. 2025)**

|  |
| --- |
| **Name of Association:** |
|  |
| **Address:** |
|  |
| **Telephone No: Fax No:** |
|  |
| **E‑mail: Mobile phone:** |

|  |  |  |
| --- | --- | --- |
| **Chief Delegation** | **Officials** | **Referees** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Coaches** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Journalists** | **Others** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Filled: Appendix** | **Yes** | **No** | **Total of Athletes** |
| Appendix 1 |  |  |  |
| Appendix 2 |  |  |  |
| Appendix A |  |  |  |
| Appendix B |  |  |  |
| Appendix C |  |  |  |

The above named association will be entering a National Team in the WAKO European Youth Championships consisting of the following team.

**Team composition (Note: Enter the total numbers in each box.)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Athletes** | | **Coaches** | | **Officials** | | **Referees** | | **Others** | **Grand Total** |
| Male | Female | Male | Female | Female | Male | Female | Male |  |  |
|  |  |  |  |  |  |  |  |  |

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix A) - *Hotel Reservation Form***

|  |  |  |  |
| --- | --- | --- | --- |
| **Please return:  by 29.05. 2025** | | **Please send this form by e-mail to:**  **DRINS PROMOTION**  E-mail: [**drins.promotion@gmail.com**](mailto:drins.promotion@gmail.com)  Tel.: +39 3385674365  **Cc to: WPC – Fights Sports Events**  E-mail: **[bragachampionship@gmail.com](mailto:bragachampionship@gmail.com)** | |
| **Federation / Club / Individual:** | |  | |
| **Country:** | |  | |
| **Address:** |  | |  |
| **Phone:** |  | | **Fax:** |
| **E-mail:** |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Tick*** | ***Name*** | ***Room***  ***type*** | ***Arrival***  ***date*** | ***Departure date*** | ***Number***  ***Rooms*** | ***Number***  ***Persons*** | ***Num.***  ***Nights*** | ***Per***  ***night*** | ***Total amount*** |
|  | | | | | | | | |  |
|  | **Hotel 3 stars\*\*\*** | **Single** |  |  |  |  |  | 115 € |  |
|  | **Double** |  |  |  |  |  | 80 € |  |
|  | **Triple** |  |  |  |  |  | 75 € |  |
|  | | | | | | | | |  |
| **TOTAL** | | | | | | | | |  |
| ***Tick*** | ***Name*** | ***Room***  ***type*** | ***Arrival***  ***date*** | ***Departure date*** | ***Number***  ***Rooms*** | ***Number***  ***Persons*** | ***Num.***  ***Nights*** | ***Per***  ***night*** | ***Total amount*** |
|  | | | | | | | | |  |
|  | **Hotel**  **4 stars\*\*\*\*** | **Single** |  |  |  |  |  | 130 € |  |
|  | **Double** |  |  |  |  |  | 90 € |  |
|  | **Triple** |  |  |  |  |  | 85 € |  |
|  | | | | | | | | |  |
| **TOTAL** | | | | | | | | |  |
|  | | | | | | | | |  |
| ***Tick*** | ***Name*** | ***Room***  ***type*** | ***Arrival***  ***date*** | ***Departure date*** | ***Number***  ***Rooms*** | ***Number***  ***Persons*** | ***Num.***  ***Nights*** | ***Per***  ***night*** | ***Total amount*** |
|  | | | | | | | | |  |
|  | **Hotel**  **5 stars\*\*\*\*\*** | **Single** |  |  |  |  |  | on request |  |
|  | **Double** |  |  |  |  |  | on request |  |
|  | **Triple** |  |  |  |  |  | on request |  |
|  | | | | | | | | |  |
| **TOTAL** | | | | | | | | |  |

**This reservetion is valid only if reconfirmed by WPC – Fights Sports Events!**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature and stamp**

**Appendix B) - *Travel Schedule Form***

|  |  |  |  |
| --- | --- | --- | --- |
| **Please return: by 14.08. 2025** | | **Please send this form by e-mail to:**  **DRINS PROMOTION**  E-mail: [**drins.promotion@gmail.com**](mailto:drins.promotion@gmail.com)  Tel.: +39 3385674365  **Cc to: WPC – Fights Sports Events**  E-mail: [**bragachampionship@gmail.com**](mailto:bragachampionship@gmail.com) | |
| **Federation / Club / Individual:** | |  | |
| **Country:** | |  | |
| **Address:** |  | |  |
| **Phone:** |  | | **Fax:** |
| **E-mail:** |  | |  |

**ARRIVAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AIRPORT: □** | | | | |
| **DATE** | **TIME** | **FLIGHT NUMBER** | **COMING FROM** | **NUMBER OF PERSONS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | | |
|  |  | **TOTAL** | |  |

**DEPARTURE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AIRPORT: □** | | | | |
| **DATE** | **TIME** | **FLIGHT NUMBER** | **COMING FROM** | **NUMBER OF PERSONS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | | |
|  |  | **TOTAL** | |  |

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix C) - *Application form for Visa request***

|  |  |  |  |
| --- | --- | --- | --- |
| **Please return: by 29.05. 2025** | | **Please send this form by e-mail to:**  **DRINS PROMOTION**  E-mail: [**drins.promotion@gmail.com**](mailto:drins.promotion@gmail.com)  Tel.: +39 3385674365  **Cc to: WAKO Administration Office** E-mail:[**administration@wako.sport**](mailto:administration@wako.sport)Tel.: +39 3450135521 | |
| **Federation / Club / Individual:** | |  | |
| **Country:** | |  | |
| **Address:** |  | |  |
| **Phone:** |  | | **Fax:** |
| **E-mail:** |  | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name and Surname** | **Passport No.** | **Date of Birth** | **Issue** | **Expiry** | **Sex** | **Status** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 35 |  |  |  |  |  |  |  |
| 36 |  |  |  |  |  |  |  |
| 37 |  |  |  |  |  |  |  |
| 39 |  |  |  |  |  |  |  |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**