



COUNTRY: \_\_\_\_\_

**WOMEN**

Family Name	First Name	Date of Birth	ICSD ID #

**OFFICIALS**

Family Name	First Name	Function

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

## **Information**

### **Name Registration list:**

- On this Registration list, you may fill up to the maximum of 20 players, but before the start of the Championship, you can only allow up to **14 players**.
- Any new players are to be added, please inform EDSO Responsible Representative in advance, but it cannot be replaced, if exceed 20 players.
- Registration list must be send to EDSO Responsible representative, before 6<sup>th</sup> October.
- You will have to fill in the Registration completely and do not forget to include ICSD ID number of each player.
- If any existing players have audiograms in ICSD database, please ask for ID number of each player. Email : [controls@ciss.org](mailto:controls@ciss.org)
- New player, who is not mention in the ICSD database. Please do the audiology test immediately. Official ICSD Audiogram form can be found in [www.deaflympics.com/forms/audiogram.pdf](http://www.deaflympics.com/forms/audiogram.pdf). Each new player should have new ICSD ID Number from ICSD.
- New player must submit their ICSD Audiogram before they can take part!
- You have to send the official ICSD Audiogram form of the new player to ICSD in good time, before 6<sup>th</sup> October deadline.
- 14 player's names must be numbered, at least 24 hours before the Championship.

### **WARNING:**

NO ICSD ID Number, mean NO play. Please save you and your players from some disappointment.

### **Participation Fees**

EDSO Congress has approved a new participant fee as of 1<sup>st</sup> September 2010.

Each team:           €200  
Each official:       €20