



## Form 2

### Preliminary Entry Registration – Deadline: 21 Februar 2026

Sabina Hmelina  
EDSO Sports Director  
E-Mail: [ninepin@edso.eu](mailto:ninepin@edso.eu)

Preliminary entry: ..... 30.10.2025 (Form 1)  
Final entry: ..... 21.2.2026 (Form 2)  
Player registration: ..... 21.4.2026 (Form 3)

EDSO Representative  
E-Mail: To be announced

#### Please!!!

We ask you to return this form to Sabina Hmelina and cc to ----- ?? even if your country is not intending to participate. It is important for our preparations!  
Thank you!

## 4<sup>th</sup> European Deaf Ninepin Bowling Classic Championships

from 21 May until 23 May 2026  
Maribor, Slovenia



<b>Nation</b>	
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We will participate in the 4<sup>th</sup> European Deaf Ninepin Bowling Classic Championships.  
Please fill in the number of athletes/teams in each discipline and gender.

<b>1.</b>	<b>WOMEN TEAM</b> (max. 2 players + 1 Players):	Yes <input type="checkbox"/>	Number of Teams* ____ ,	No <input type="checkbox"/>
	<b>MEN TEAM</b> (max. 4 players + 1 Players):	Yes <input type="checkbox"/>	Number of Teams* ____ ,	No <input type="checkbox"/>
	(*From each country a maximum on 2 women and 2 men teams)			
<b>2.</b>	<b>WOMEN SINGLE:</b>	Yes <input type="checkbox"/>	Number athletes ____ ,	No <input type="checkbox"/>
	<b>MEN SINGLE:</b>	Yes <input type="checkbox"/>	Number athletes ____ ,	No <input type="checkbox"/>
<b>3.</b>	<b>TANDEM MIX (Male/Female):</b>	Yes <input type="checkbox"/>	Number athletes ____ ,	No <input type="checkbox"/>
	(*From each country a maximum of 3 mixed tandems)			



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## DECLARATION

**We hereby confirm that we have read and understood the  
EDSO General Sports and Technical Regulations.**

Name of the organisation: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mobile number (whatsapp): \_\_\_\_\_

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

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary