



## Form 3

### Name Registration - Deadline: 4.04.2023

Technical Director:  
Damien Antoine  
E-Mail: [judo@edso.eu](mailto:judo@edso.eu)

Preliminary entry: .....15.01.2022 (Form 1)  
Final entry: .....15.01.2023 (Form 2)  
Name Registration: .....04.04.2023 (Form 3)

EDSO Representative:  
Antonio Jesus De La Rosa Del Pino  
E-Mail: [delarosa@edso.eu](mailto:delarosa@edso.eu)

*Please!!! We ask you to return this form to Damien Antoine and cc to Antonio Jesus De La Rosa Del Pino even if your country is not intending to participate. It is important for our preparations! Thank you!*

### 3<sup>rd</sup> European Deaf Judo Championships 4<sup>th</sup> to 7<sup>th</sup> May 2023 in Sofia Bulgaria

<b>Nation:</b>	
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We will participate in the 2<sup>nd</sup> European Deaf Judo Championships:  
Please fill in the number of maximum 2 athletes per event per gender.

## JUDO

### Individual competition:

#### Men :

	NAME	1 <sup>st</sup> NAME	2 <sup>nd</sup> NAME	Number I.D
<b>-60kg</b>	1)			
	2)			
<b>-66kg</b>	1)			
	2)			
<b>-73kg</b>	1)			
	2)			
<b>-81kg</b>	1)			
	2)			
<b>-90kg</b>	1)			
	2)			
<b>-100kg</b>	1)			
	2)			
<b>+100kg</b>	1)			
	2)			



**Women :**

	NAME	1 <sup>st</sup> NAME	2 <sup>nd</sup> NAME	Number I.D
<b>-48kg</b>	1)			
	2)			
<b>-57kg</b>	1)			
	2)			
<b>-63kg</b>	1)			
	2)			
<b>+63kg</b>	1)			
	2)			

**Team :**

**Team Men (-73,-90,+90) (Up to2 athletes by category) :**

	NAME	1 <sup>st</sup> NAME	2 <sup>nd</sup> NAME	Number I.D
<b>-73kg</b>	1)			
	2)			
<b>-90kg</b>	1)			
	2)			
<b>+90kg</b>	1)			
	2)			

**Team Women (-57,-70,+70) (Up to2 athletes by category) :**

	NAME	1 <sup>st</sup> NAME	2 <sup>nd</sup> NAME	Number I.D
<b>-57kg</b>	1)			
	2)			
<b>-70kg</b>	1)			
	2)			
<b>+70kg</b>	1)			
	2)			

Kata : Nage No Kata

		FAMILY NAME / SURNAME	FIRST NAME	DATE OF BIRTH	ICSD ID
<b>KATA</b>	<b>Couple1:</b> Tori	1)			
	Uke	2)			
	<b>Couple2:</b> Tori	1)			
	Uke	2)			



**OFFICIALS:**

	FNAME	First Name	Position
1.			
2.			
3.			
4.			
5.			
6.			

**Each Official must enter his/her position. For example:**  
**President**  
**Leader**  
**Coach / Assistant Coach**  
**Doctor**  
**Physiotherapist**  
**Interpreter**

**For Technical Meeting our delegates will attend are:**

	NAME	First Name	Position	
1.				Deaf
2.				Deaf/Hearing

**DECLARATION**

**We hereby confirm that we have read and understood the EDSO General Sports and Technical Regulations.**  
*We understand that a fine will be levied on any athlete withdrawn after the final entry*  
*The schedule fees are shown on the EDSO website*  
<https://www.edso.eu/wp-content/uploads/2017/12/Schedule-Fees-v3.0-Jan-2018.pdf>

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President (Name and signed)

Secretary (Name and signed)

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Date (dd/mm/yyyy)