

20th Biathlon Masters International Championships
16-19.3.2017 Kontiolahti, Finland

COMPETITORS
ENTRY FORM

APPENDIX 1

General information

Last name

First Name

Mailing address

City

Country

Postal/Zip Code

Telephone number

Fax

E-mail

Birth date

Y	Y
---	---

M	M
---	---

D	D
---	---

Age on 1.1.2017

Male

Female

Age on 1.1. orders your class.

Your age class

Men	<input type="checkbox"/> 40-44	<input type="checkbox"/> 50-54	<input type="checkbox"/> 60-64	<input type="checkbox"/> 70-74
<input type="checkbox"/> 35-39	<input type="checkbox"/> 45-49	<input type="checkbox"/> 55-59	<input type="checkbox"/> 65-69	<input type="checkbox"/> 75+
Women	<input type="checkbox"/> 40-44	<input type="checkbox"/> 50-54	<input type="checkbox"/> 60+	
<input type="checkbox"/> 35-39	<input type="checkbox"/> 45-49	<input type="checkbox"/> 55-59		

Choose your competition

Participants may enter only one competition per day :

Men 35+ years

<input type="checkbox"/> 16.3.	6-4 km Sprint
<input type="checkbox"/> 19.3.	12,5-6 km Individual

Women 35+ years

<input type="checkbox"/> 16.3.	5-4 km Sprint
<input type="checkbox"/> 19.3.	7,5-6 km Individual

Relay competition 17.3.

<input type="checkbox"/> Men 35-44	<input type="checkbox"/> Men 45-54	<input type="checkbox"/> Men 55-64	<input type="checkbox"/> Men 65+
<input type="checkbox"/> Women 35-44	<input type="checkbox"/> Women 45-54	<input type="checkbox"/> Women 55+	

How to enter

Note discount for early payment

Postmarked before	EUR
2.2.2017	150
2.3.2017	165

**ENTRY FORMS MUST BE SENT TO THE ORGANIZER
NOT LATER THAN 2.3.2017:**

Biathlon Masters' International Championships
Kontiolahti Biathlon Stadium
P.O.BOX 23, FIN-81101 KONTIOLAHTI, FINLAND
email: varaukset@biathlon-kontiolahti.fi

Entry fees cover all races, bibs, program, shuttle to Kontiolahti biathlon stadium from the official accommodation places and Masters Gala.

Account owner: Kontiolahden Urheilijat ry
IBAN: FI52 1040 3000 3096 29 SWIFT CODE: NDEAFIHH

Account Number: NORDEA BANK 104030-309629
Joensuu, Finland

I certify that I have valid and sufficient medical and accidental insurance. I understand that I am in good enough physical condition to participate in this event. As a participant of the named activity, I have read and understand the above. Organizers are not responsible for any accidents occurred.

Date: _____

Signature: _____