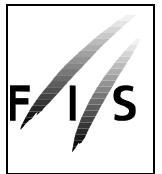




ENTRY FORM
FORMULAIRE D'INSCRIPTION
ANMELDUNGSFORMULAR



Competition (Name/Place) <i>Manifestation (Nom/Lieu)</i> Veranstaltung (Name/Ort)	COC WISLA	Date of race 12-13.09.2009 <i>Date de la course</i> Datum des Wettkampfs
National Association <i>Fédération Nationale</i> Nationaler Verband	ITALY	Cat. WC COC FIS <i>Cat.</i> JUN <i>Kat.</i>
Responsible for entry <i>Responsable de l'inscription</i> Für die Meldung verantwortlich	CECON ROBERTO	Tel +39-02-7573321 Fax +39-02-7573358 provenordiche@fisi.org

COMPETITORS										
COUREURS										
WETTKÄMPFER										
	Surname, First Name <i>Nom de famille, Prénom</i> Familiename, Vorname	Sex		YB	Ski-Jumping, Saut, Skispringen					
		Men	Ladies	AN	NH	LH	FH	Team		
				JG						
1950	DE CRIGNIS ALESSIO	X		90						
4720	DELLASEGA ROBERTO	X		90						
5324	DELLASEGA DIEGO	X		90						
5045	LUNARDI MICHAEL	X		92						
	TRAINERS:									
	CECON ROBERTO									
	RIGONI FEDERICO									

Site/Lieu/Ort MILANO, _____ **Date/Date/Datum** 9.07.2009 _____ **Signature/Unterschrift** FIS _____