

TEAM OFFICIALS:

	Surname	Firstname	Male/ Female	Wheelchair User Y/N	Funktion: Athlete or Guide	Double Room	Arrival Date DD.MM.YYYY	Departure Date DD.MM.YY YY					
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

NPC/NSF authorised person

Note : IPC Alpine Skiing is not responsible for accommodation