

ENTRY FORM FOR TALLINN OPEN 2024 TOURNAMENT

The entry form shall be sent to the email estboxing@gmail.com by September 10th.

Name of club or national federation _____

Phone number of club`s or national federation`s representative _____

E-mail of club`s or national federation`s representative _____

REGISTRATION LIST

Boxers (full name)	DOB (Date of birth)	Category (Elite/Youth/Junior boxer)	Weight category according handbook	Gender	Nationality

Coaches (full name)	Category	Phone number	E-mail

Referees & judges (full name)	Category	Phone number	E-mail



TRAVEL DETAILS

Arrival Date	Arrival Time	The place of arrival	Number of Persons	Additional information (flight number etc)

Departure Date	Departure Time	The place of departure	Number of Persons	Additional information (flight number etc)

ACCOMMODATION DETAILS

Arrival Date	Departure Date	Number or SINGLE rooms	Number of TWIN rooms	Number of TRIPLE rooms	Additional information

REQUIREMENTS FOR A PROPER INVOICE (The name, address, and contact details of the invoice receiver):

