

Седемнадесети работнически спортен
фестивал с международно участие
9-14 юни 2020 г., к.к. Албена, България



Seventeenth International
Workers' Sports Festival
9-14 June, 2020, Albena, Bulgaria

APPLICATION FORM

ORGANIZATION

Country, city:		
Organization name:		
Address:		
Phone:	Fax:	E-mail:

PARTICIPATION IN KINDS OF SPORTS

No.	Kind of sport	Men – number of teams	Women – number of teams	Mixed – number of teams	Men – number of individual competitors	Women – number of individual competitors	Total number of persons
1	Mini football						
2	Volleyball						
3	Mamanet						
4	Bowling						
5	Athletics (cross)						
6	Basketball (streetball)						
7	Swimming – 50 m free style						
	Swimming – 50 m breaststroke						
	Swimming – 100 m medley swimming						
	Swimming - relay 4 x 50 m free style						
8	Tennis						
9	Table tennis						
10	Chess						
11	Bridge						
12	Darts						
13	Petanque						
14	Sports backgammon						

No.	Kind of sport	Men – number of teams	Women – number of teams	Mixed – number of teams	Men – number of individual competitors	Women – number of individual competitors	Total number of persons
15	Kettlebell lifting – men - up to 80 kg						
	Kettlebell lifting – men - up to 90 kg						
	Kettlebell lifting – men - over 90 kg						
16	Beach football						
17	Beach volleyball						
18	Beach tennis						
19	Beach wrestling – men - up to 85 kg						
	Beach wrestling – men – up to 100 kg						
	Beach wrestling – men – over 100 kg						
	Beach wrestling – women - up to 55 kg						
	Beach wrestling – women – up to 65 kg						
	Beach wrestling – women – over 65 kg						
20	Tug of war						
TOTAL NUMBER OF PERSONS, INCLUDING LEADERS OF DELEGATION, COACHES AND GUESTS:							

INFORMATION ABOUT HOTEL ACCOMMODATION

(if necessary, please add extra rows)

Date of arrival	Date of departure	Number of single rooms Sea Area	Number of double rooms Sea Area	Number of single rooms Park Area	Number of double rooms Park Area	Total number of persons

ARRIVAL BY (PLEASE MARK THE APPROPRIATE):

BUS		TRAIN		PLANE	
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INFORMATION ABOUT TRANSFER AIRPORT – HOTEL - AIRPORT

(if necessary, please add extra rows)

Airport	Arrival date	Hour	Flight no.	From	Number of persons	Transfer (YES/NO)
Airport	Departure date	Hour	Flight no.	To	Number of persons	Transfer (YES/NO)

.....
Name and family name

.....
Function

.....
Signature and stamp

Note: This form should be sent **not later than 24.04.2020 to the following e-mail addresses: itsa@riga.lv**