**NOMINAL APPLICATION**

**National Team of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Open European Mas-wrestling Championship among men and women,**

**Open European Mas-wrestling Absolute Championship among men and women,**

November 6-10, 2025, Banska Bystryca, Slovakia.

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| **№** | **Full name** | **Gender** | **Date of birth** | **Weight category** | **Passport/ID number****(with the dates of issue and validity)** | **Full name of the personal coach** | **Doctor’s visa** |
| **Open European Mas-wrestling Championship among men and women** |
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| **Passed** |  |
| **Open European Mas-wrestling Absolute Championship among men and women** |
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| **Passed** |  |
| **TOTAL** |  |

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| **№** | **Name** | **Gender** | **Date of birth** | **Passport/ID number****(with the dates of issue and validity)** |
| **Team represenatative** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| **Coach** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| **Referee (by the agreement of the IMWF)** |
| 1 |  |  |  |  |

**Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/.**

**Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/.**

**Team representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/.**