

**REGISTRATION FORM** (Fill IN ELECTRONICALLY)

DETAILS CLIMBING TEAM					
<b>Nation :</b>					
Function	Rank	Name	Surname	Gender	Passport number
Head of delegation				Male /Female	
Climber 01				Male /Female	
Climber 02				Male /Female	
Climber 03				Male /Female	
Climber 04				Male /Female	
Climber 05				Male /Female	

POC (Before & during the competition)	
Rank:	
Name:	
Phone number:	
Email Address:	

TRAVEL ARRANGEMENTS			
Air		Road	
Arrival Time		Arrival Time	
Departure Time		Arrival Place	
Flight Number		License Plate	

ACOMMODATION DETAILS	
Request Military accommodation (Male)	YES/NO
Request Military accommodation (Femalle)	YES/NO
Attending Ice Breaker (Dinner) 18 Oct 17	YES/NO
Attending 18 Oct 17	YES/NO

<b>Remarks:</b>
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Please EMAIL REGISTRATION FORM TO:  
CECDO-NCD-LEADCLIMBING-DL@mil.be  
[NLT 15 Sep 17](#)