

Entry Form

Country:	
Team:	
Address:	
Email:	
Tel:	
Fax:	

No.	Family Name (English)	First Name (English)	Birth Date (DD/MM/YYYY)	Age (as of Jan 1, 2020)	Category
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Category :

Foil

- U-10 Individual (Girl's / Boy's)
- U-12 Individual (Girl's / Boy's)
- U-15 Individual (Girl's / Boy's)
- Senior Individual (Women's / Men's)
- Veteran Over 40 Individual (Women's / Men's)
- Veteran Over 50 Individual (Women's / Men's)
- Veteran Over 60 Individual (Women's / Men's)

Epee

- U-12 Individual (Girl's and Boy's Mixed)
- U-15 Individual (Girl's / Boy's)
- Senior Individual (Women's / Men's)