

## TRI-SERVICE REGIONAL CADET BIATHLON COMPETITION REGISTRATION FORM

Corps/Squadron Number & Name:	Location:
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<b>Supervising Officer/Team Coach</b>			
Each team must be accompanied by an officer/civilian instructor who will be responsible for the supervision of the team during the entire exercise.			
Rank	Surname	Given Name	Gender

<b>Competitors – Male</b>				
Serial	Rank	Surname	First Name	Novice/Advanced
1				<input type="checkbox"/> Novice <input type="checkbox"/> Advanced
2				<input type="checkbox"/> Novice <input type="checkbox"/> Advanced
3				<input type="checkbox"/> Novice <input type="checkbox"/> Advanced
4				<input type="checkbox"/> Novice <input type="checkbox"/> Advanced

<b>Competitors – Female</b>				
Serial	Rank	Surname	First Name	Novice/Advanced
1				<input type="checkbox"/> Novice <input type="checkbox"/> Advanced
2				<input type="checkbox"/> Novice <input type="checkbox"/> Advanced
3				<input type="checkbox"/> Novice <input type="checkbox"/> Advanced
4				<input type="checkbox"/> Novice <input type="checkbox"/> Advanced

***Application deadline: 15 November***

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(Signature of Commanding Officer)

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(Date)