**Appendix 1**

**PROVISIONAL ENTRY FORM**

**WAKO WORLD CHAMPIONSHIPS 2024 - ATHENS GREECE**

**(Last day of preliminary entry: 01/08/2024)**

**Name of Association**: .............................................................................................................

**Address**: ...................................................................................................................................

**Country**: ………….....................................................................................................................

**Telephone No**: ........................................... **Fax No**: ............................................................

 **E‑Mail**: .......................................................................................................................................

The above named association intends to enter a National Team in the WAKO Senior & Master World Championships (all styles) - Athens, Greece - consisting provisionally of the team numbers showed below.

**Provisional Team Numbers:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Athletes** | **Coaches** | **Officials** | **Referees** | **Others** | **Total** |
|  |  |  |  |  |  |

**Provisional Athletes Entries:**

|  |  |  |
| --- | --- | --- |
| **Style** | **Male** | **Female** |
| Musical Forms |  |  |
| Point Fighting |  |  |
| Light Contact  |  |  |
| Kick Light |  |  |
| K-1 |  |  |
| Low Kick |  |  |
| Full contact |  |  |

**Once completed please return this form by 1st August 2024 to:**

**Ask2travel S.A**

Email: athenseuropean@gmail.com

Phone : +30 693 66 37 626/ +30 695 665 9690

**Cc to:** Pan-Hellenic Kickboxing Federation

Email: pok@pok.gr

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 2

FINAL ENTRY FORM
WAKO WORLD CHAMPIONSHIPS 2024 - ATHENS GREECE**

**(Last day of preliminary entry: 01/10/2024)**

|  |
| --- |
| **Name of Association:** |
|  |
| **Address:** |
|  |
| **Telephone No: Fax No:** |
|  |
| **E‑mail: Mobile phone:** |

|  |  |  |
| --- | --- | --- |
| **Chief Delegation**  | **Officials** | **Referees** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Coaches** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Journalists** | **Others**  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Filled:Appendix** | **Yes** | **No** | **Total of Athletes** |
| Appendix 1 |  |  |  |
| Appendix 2 |  |  |  |
| Appendix A |  |  |  |
| Appendix B |  |  |  |
| Appendix C |  |  |  |
| Appendix D |  |  |  |

The above named association will be entering a National Team in the WAKO European Kickboxing Championships consisting of the following team.

**Team composition (Note: Enter the total numbers in each box.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Athletes** | **Coaches** | **Officials** | **Referees** | **Others** | **Grand Total** |
| Male | Female | Male | Female | Female | Male | Female | Male |  |  |
|  |  |  |  |  |  |  |  |  |

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix A) - *Hotel Reservation Form***

|  |  |
| --- | --- |
| **Please return: by 30th June 2024** | **Please send this form by e-mail to:****Ask2travel S.A**Email: athenseuropean@gmail.comPhone : +30 693 66 37 626/ +30 695 665 9690**Cc to:** Pan-Hellenic Kickboxing FederationEmail: pok@pok.gr |

|  |  |
| --- | --- |
|  **Federation / Club / Individual:** |  |
|  **Country:** |  |
| **Address:** |  |  |
| **Phone:** |  | **Fax:**  |
| **E-mail:** |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Tick*** | ***Name*** | ***Room******type*** | ***Arrival******date*** | ***Departure date*** | ***Number******Rooms*** | ***Number******Persons*** | ***Num.******Nights*** | ***Per******night*** | ***Total amount*** |
|  |  |
|  | **Hotel3 stars\*\*\*** | **Single** |  |  |  |  |  | € 130,00 |  |
|  | **Double** |  |  |  |  |  | € 80,00 |  |
|  | **Triple** |  |  |  |  |  | € 75,00 |  |
|  |  |
|  **TOTAL**  |  |
| ***Tick*** | ***Name*** | ***Room******type*** | ***Arrival******date*** | ***Departure date*** | ***Number******Rooms*** | ***Number******Persons*** | ***Num.******Nights*** | ***Per******night*** | ***Total amount*** |
|  |  |
|  | **Hotel****4 stars\*\*\*\*** | **Single** |  |  |  |  |  | € 145,00 |  |
|  | **Double** |  |  |  |  |  | € 95,00 |  |
|  | **Triple** |  |  |  |  |  | € 85,00 |  |
|  |  |
| **TOTAL**  |  |
|  |  |
| ***Tick*** | ***Name*** | ***Room******type*** | ***Arrival******date*** | ***Departure date*** | ***Number******Rooms*** | ***Number******Persons*** | ***Num.******Nights*** | ***Per******night*** | ***Total amount*** |
|  |  |
|  | **Hotel****5 stars\*\*\*\*\*** | **Single** |  |  |  |  |  | on request |  |
|  | **Double** |  |  |  |  |  | on request |  |
|  | **Triple** |  |  |  |  |  | on request |  |
|  |  |
| **TOTAL**  |  |

**This reservetion is valid only if reconfirmed by ASK2TRAVEL !**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix B) - *Travel Schedule Form***

|  |  |
| --- | --- |
| **Please return:** **by 15th October 2023** | **Please send this form by e-mail to:****Ask2travel S.A**Email: athenseuropean@gmail.comPhone : +30 693 66 37 626/ +30 695 665 9690**Cc to:** Pan-Hellenic Kickboxing FederationEmail: pok@pok.gr |
|  **Federation / Club / Individual:** |  |
|  **Country:** |  |
| **Address:** |  |  |
| **Phone:** |  | **Fax:**  |
| **E-mail:** |  |  |

 **ARRIVAL**

|  |
| --- |
| **AIRPORT: □ Athens International Airport “Eleftherios Venizelos”** |
| **DATE** | **TIME** | **FLIGHT NUMBER** | **COMING FROM** | **NUMBER OF PERSONS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
|  |  | **TOTAL** |  |

 **DEPARTURE**

|  |
| --- |
|  **AIRPORT: □ Athens International Airport “Eleftherios Venizelos”** |
| **DATE** | **TIME** | **FLIGHT NUMBER** | **COMING FROM** | **NUMBER OF PERSONS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
|  |  | **TOTAL** |  |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix C) - *Application form for Visa request***

|  |  |
| --- | --- |
| **Please return:** **by 1st August 2024** | **Please send this form by e-mail to:****Ask2travel S.A**Email: athenseuropean@gmail.comPhone : +30 693 66 37 626/ +30 695 665 9690**Cc to:** Pan-Hellenic Kickboxing FederationEmail: pok@pok.gr |
|  **Federation / Club / Individual:** |  |
|  **Country:** |  |
| **Address:** |  |  |
| **Phone:** |  | **Fax:**  |
| **E-mail:** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name and Surname** | **Passport No.** | **Date of Birth** | **Issue** | **Expiry**  | **Sex** | **Status** |
| Ex. | Marco Rossi | AS281681J | 21/07/1980 | 20/03/2005 | 20/03/2025 | M | Athlete |
| 1 |  |  |  |  |  |  |  |
| 2 |   |   |   |   |  |  |  |
| 3 |   |   |   |   |  |  |  |
| 4 |   |   |   |   |  |  |  |
| 5 |   |   |   |   |  |  |  |
| 6 |   |   |   |   |  |  |  |
| 7 |   |   |   |   |  |  |  |
| 8 |   |   |   |   |  |  |  |
| 9 |   |   |   |   |  |  |  |
| 10 |   |   |   |   |  |  |  |
| 11 |   |   |   |   |  |  |  |
| 12 |   |   |   |   |  |  |  |
| 13 |   |   |   |   |  |  |  |
| 14 |   |   |   |   |  |  |  |

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix D) - Athens Sightseeing**

|  |  |
| --- | --- |
| **Please return:** **by 15th October 2024** | **Please send this form by e-mail to:****Ask2travel S.A**Email: athenseuropean@gmail.comPhone : +30 693 66 37 626/ +30 695 665 9690**Cc to:** Pan-Hellenic Kickboxing FederationEmail: pok@pok.gr |

|  |  |
| --- | --- |
| **Country:** |  |
| **Participants:** |  |
| **Destination:** |  |
| **\*Tour manager:** |  |
| **Email(representative):** |  |
| **Phone(representative):** |  |

\*Each country should choose a representative, that will be in communication with the travel agency. Fill in the email and phone fields provided above.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**