

REGISTRATION FORM

5th European Small Nations Individual Championship 2024
Andorra la Vella / 22nd – 30th June 2024

| FEDERATION: | | | | | | |
|----------------------|-----------------|---------|---------------|---------|------------|----------|
| PLAYER OPEN CATEGORY | | | | | | |
| NAME | PASSPORT NUMBER | COUNTRY | Date of Birth | ID FIDE | FIDE TITLE | FIDE ELO |
| | | | | | | |

| TRAVEL INFORMATION – Arrival to Andorra BUS Station | | | |
|---|------|----------------|------|
| Arrival Date | Time | Departure Date | Time |
| | | | |

| ACCOMPANING PERSON'S | | | | | | |
|----------------------|--------------------|---------------|--------------|----------------|-------------|-------------|
| NAME | PASSPORT / COUNTRY | Date of Birth | Arrival Date | Departure Date | Double Room | Single Room |
| | | | | | | |
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Please return this registration form not later than May 3rd 2024. E-mails to be addressed to either info@escacsandorra.com

