**Annex B**

**APPLICATION FORM**

**for the “Military Multinational Sports and Shooting Games 2024”**

**23-27 April 2024**

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| --- |
| **Remarks:*** Please fill in the yellow & blue fields only.
* Fill in 1 form for three representatives.
* Data protection: Your data will be used for necessary internal administrative procedures only. They will not be published in any case!
* By attending this event you agree to be photographed or filmed.
 |
|

CADET 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
|  |  |  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |
|

|  |  |
| --- | --- |
| Phone number (include country code) | E-mail address |
|  |  |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot consume |
| No | Yes |  |
|  |  |

|  |
| --- |
| Insert below your picture (e.g. a passport picture) – preferably in jpg-format **or** attach the picture to the mail. |
|  |

CADET 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
|  |  |  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |
|

|  |  |
| --- | --- |
| Phone number (include country code) | E-mail address |
|  |  |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot consume |
| No | Yes |  |
|  |  |

|  |
| --- |
| Insert below your picture (e.g. a passport picture) – preferably in jpg-format **or** attach the picture to the mail. |
|  |

CADET 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
|  |  |  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |
|

|  |  |
| --- | --- |
| Phone number (include country code) | E-mail address |
|  |  |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot consume |
| No | Yes |  |
|  |  |

|  |
| --- |
| Insert below your picture (e.g. a passport picture) – preferably in jpg-format **or** attach the picture to the mail. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Arrival atWAW (airport) | Other(please specify) | On (arrival date)DD MM YYYY | At (arrival time[if available]) |
|  |  |  |  |
| Departure fromWAW (airport) | Other(please specify) | On (departure date)DD MM YYYY | At (departure time[if available]) |
|  |  |  |  |

|  |
| --- |
| Please fill in your institution’s point of contact’s (POC’s) data below. |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address |
|  |  |
| In case of emergency, please give the point of contact (POC). |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address |
|  |  |

**Return the application form NLT March 25 to:**

Col Jarosław GĄSIOR, PhD

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Cpt Paweł JAŚKIEWICZ, MA

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