**FORM 1: INSCRIPCION NUMERICA / FIRST ENTRY**

**Enviar Antes/Send Before: 05 Febrero/February 2016**

Mail: open2017@fejuchile.cl

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| **INFORMACIÓN FEDERACIÓN / FEDERATION INFORMATION** |
| Federation |  |
| President |  | Mail |  |
| Fonos/Phones |  | Postal Code |  |
| Dirección/Address |  |  |  |

A través de este formulario confirmamos la participación en el Torneo internacional OPEN Santiago 2017 y aceptamos todas las normas y reglamentos.

Through this form we confirm our participation in the International Tournament OPEN Santiago 2017 and accept all rules and regulations.

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| **DELEGACIÓN / DELEGATION** |
| **CARGO/POSITION** | **N° PERSONAS/PEOPLE** |
| Judokas Damas/Female |  |
| Judokas Varones/Male |  |
| Coaches |  |
| Referees |  |
| Medical Staff |  |
| Delegados/Officials |  |
| Prensa/Press |  |
| **TOTAL** |  |

Fecha/Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre/Firma/Sello Federación

Name/Sign/ Certified Stamp

**FORM 2: RESERVA HOTEL / HOTEL RESERVATION**

**Enviar Antes/Send Before: 05 Febrero/February 2017**

Mail: open2017@fejuchile.cl

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| **INFORMACIÓN FEDERACIÓN / FEDERATION INFORMATION** |
| Federation |  |
| President |  | Mail |  |
| Fonos/Phones |  | Postal Code |  |
| Dirección/Address |  |  |  |

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| --- | --- |
|  | **DETALLE DE HOTEL / HOTEL DETAIL** |
| Hotel(Plaza El Bosque or Marriot) | Tipo PiezaType Room(Single or Double)  | Cantidad PiezasNumber ofRooms | Check In(Fecha/Date) | Check Out(Fecha/Date) | Comidas/MealsBB= Bed/BreakfastFull= Fullborad) | Training CampYes or No |
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Fecha / Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre/Firma/Sello Federación

Name/Sign/ Certified Stamp

**FORM 3: INSCRIPCION NOMINAL / FINAL ENTRY**

**Enviar Antes/Send Before: 13 Mar 2017**

Solo en / Only in

[www.judobase.org](http://www.judobase.org)

**FORM 4: SOLICITUD DE VISA / VISA APPLICATION FORM**

**Enviar Antes/Send Before: 05 Febrero/February 2017**

Mail:open2016@fejuchile.cl

**IMPORTANTE:** Deben enviar imagen del pasaporte y nómina completa con la fecha de nacimiento de cada integrante de la delegación.

**IMPORTANT:** Must send the passport image and complete list with the date of birth of each member of the delegation.

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| **INFORMACIÓN FEDERACIÓN / FEDERATION INFORMATION** |
| Federation |  |
| President |  | Mail |  |
| Fonos/Phones |  | Postal Code |  |
| Dirección/Address |  |  |  |

Nuestra delegación deportiva necesita la invitación para ingresar a Chile y participar en el torneo OPEN Santiago 2017.

La fecha de ingreso al país será desde el \_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_ hasta el \_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_ de 2017.

Deseamos solicitar VISAS al Consulado Chileno en \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (País y Ciudad)

Our sports delegation needs the invitation to enter Chile and participate in the tournament OPEN Santiago 2017.
The date of entry into the country will be from July \_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017.

We want to request VISAS to the Chilean Consulate in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Country and City)
Fecha/Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre/Firma/Sello Federación

Name/Sign/ Certified Stamp

**FORM 5: INFORMACION DE VIAJE / FLIGHT INFORMATION**

**Enviar Antes/Send Before: 04 marzo/march 2017**

Mail: open2017@fejuchile.cl

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| **INFORMACIÓN FEDERACIÓN / FEDERATION INFORMATION** |
| Federation |  |
| President |  | Mail |  |
| Fonos/Phones |  | Postal Code |  |
| Dirección/Address |  |  |  |

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| **INFORMACIÓN DE ARRIBO / ARRIVAL INFORMATION** |
| # | Fecha ArriboArrival Date | Hora ArriboArrival Time | N° VueloN° Flight  | N° PersonasN° Persons |
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| **INFORMACIÓN DE SALIDA / DEPARTURE INFORMATION** |
| # | Fecha SalidaDeparture Date | Hora SalidaDeparture Time | N° VueloN° Flight  | N° PersonasN° Persons |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
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