

ANMELDEFORMULAR / REGISTRATION FORM / FORMULAIRE D'INSCRIPTION (Pre-Registration)

Land / Country / Pays	
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Meldestelle / Registration office / Bureau d'enregistrement	Karl Klingenbrunner WUBOX Responsible for working Mail: boxerclub@chello.at
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Mannschaftsführer / Teamleader / Chef d'Equipe	
Herr / Mr. / M. ☐	Frau / Ms. / Mme. ☐
Familiennamen / Family name / Nom de famille	
Vorname / First name / prénom	
Straße / Street address / adresse, rue	
PLZ / ZIP code / code postal	
Ort / City / localité	
Land / Country / Pays	
Telefon / Phone / téléphone	
Mobiltelefon / Mobile number / téléphone mobile	
E-Mail	

Zahl der Teilnehmer / Number of participants / Nombre de participants		
FCI IFH 2		Boxer
FCI IFH 3		Boxer
FCI IGP FH		Boxer
Gesamt / Total / Total		Boxer

The responsible persons in the WUBOX member countries are asked to send the pre-registration office by September 27th, 2025 at the latest. Forms will be placed online for the registration of participants by name in time.

Datum / Date / Date

Unterschrift / Signature / Signature