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|  | **Indoor Nordic Masters Championships** **10-12 March 2017 in Huddinge**. **-Sweden** |   |
| **ANMÄLNINGSBLANKETT** | **ENTRY FORM** | **MUODOSSA** |
|  |
| **Efternamn/**Surname**/*Sukunimi*** | Høyer |  |
|  |
| **Förnamn/**First name**/*Etunimi*** | Knud |  |
|  |
| **Land/**Country**/*Maa*** | DEN | **DEN, FIN, ISL, NOR, SWE** |  |
|  |
| **Födelsedatum /Date of dte of birth/*Syntymävuosi*** | 25-02-1946 |  | **X** | **Man/**Man**/*Miehet*** |  |  | **Kvinna/**Women**/*Naiset*** |
|  |
| **Klubb/**Club**/*Seura*** | Greve atletik |  |
|  |
|  |
|  | **X** | **Markera med X i de grenar du önskar delta i**Please X-mark the events you will participate***Merkitse X mihin lajeihin haluat osallistua*****Gren/Event/Laji** | **Bästa resultat****Best result**Parhaat tulokset**2016-2017** |  | **By signing this Entry Form I declare that to the best of my knowledge and belief that I am in good health and that there is no objection against my participation in IVNM 2017 on medical reasons. I accept full responsibility in case of accident, injury or damage to myself or my property by me participation in the Indoor Nordic Master Championships in Huddinge 2017. I also give my consent to be subject to drug testing at IVNM 2017, if I should be selected to do so.** |
|  |  | **60 m** |  |  |
|  |  | **200 m** |  |  |
|  |  | **400 m** |  |  |
|  |  | **800 m** |  |  |
|  |  | **1500 m** |  |  |
|  |  | **3000 m** |  |  | **Date 2017-01-02** |
|  |  | **60 m Häck/**Hurdles**/*Aidat***  |  |  |
|  |  | **Höjd/**High Jump**/*Korkeus*** |  |  | **Signature** |
|  |  | **Stav/**Pole Vault**/*Seiväs*** |  |  |
|  |  | **Längd/**Long Jump**/*Pituus*** |  |  |
|  |  | **Tresteg/**Triple Jump**/*Kolmiloikka***  |  |  |  |
|  | X | **Kula/**Shot put**/*Kuula*** | 11.20 m |  |  |  |
|  | X | **Vikt/**Weight**/*Paino*** | 14.94 m |  |  |  |
|  |  | **3000 m Gång Arena/**Track walk**/*Kävely areena*** |  |  | **Closing date for entries:** |
|  |  |  |  |  | **Friday 10 feb 2017**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Payment and address** First event: **EUR 40** Next Events **EUR 20**/eachSee then separate letter from each **national** veteran athletic association | EUR 60 |  | This form has to be posted, faxed or mailed to the **national** veteran athletic association and together with the entry fees.See separate letter of instructions from each country |
|  |  | **National fee** | EUR 34 |  |  |
|  |  | **Others**  | EUR 37 |  | **For the national Federations only** |
|  |  |  | Ialt EUR 131 |  |
|  |  |  |  |  | **Date** | **Stamp or signature****The national Federation** |
|  |  |
|  |   **OTHERS** |  |  |   |
|  | X | **Together Party EUR 25 (see separate info) Quantity** | 1 |  |
|  | X | **T-shirt EUR 12 (see sep information) Size S to XXL** | XL |  |  |
|  |  |  |  |
|  |
|  |  | **Gata/Street/*Tie*** | Bondager 56 |  |
|  |  |
|  | **Post Nr/City Code** | 2670 | **Ort/City** | GREVE |  |
|  |  |
|  |  | **Telephone** |  | **Mobile** | +4520864630 |  |
|  |  |
|  |  | **E-mail** | knudinge@post11.tele.dk |  |
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