**European Pole and Aerial Sports Championship 2025**

**July 17.-20.2025**

**Prague, Czechia**

Form to be sent to:

|  |  |
| --- | --- |
| **Organizing Committee** | |
| E-Mail: [contact@posaworld.org](mailto:contact@posaworld.org) & [posa.europe@czaaf.cz](mailto:posa.europe@czaaf.cz) |  |

**Deadline: 20th of June 2025**

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| --- |
| **DEFINITIVE registration** |

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| --- | --- | --- | --- |
| **Head of Delegation** |  | **Contact figure :** |  |
| **Phone :** |  |
| **E-mail :** |  |

**Athletes:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | First name | Family name | Date of birth | Competition (Aerial & or Pole Sport) | Category |
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| 34 |  |  |  |  |  |
| 35 |  |  |  |  |  |

**Non- athlete participants**

|  |  |  |
| --- | --- | --- |
|  | Name | Number of persons |
| Team leader |  |  |
|  |  |  |
| coach(es) |  |  |
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| additional person(s) |  |  |
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**Application fees:**

**Pole Sport:**

**– Individual: €95**

**– Doubles/Trio: €95 per athlete (total €190)**

**– Doubles/Trio + Individual category: €160 (per athlete)**

**Aerial Sport:**

**– Individual: €95**

**– Doubles: €95 per athlete (total €190)**

**– Doubles + Individual category: €160 (per athlete)**

**– 2 double performances (on 2 different apparatuses): €160 (per athlete)**

**– 3 double performances (on 3 different apparatuses): €230 (per athlete)**

**– 2 individual specialties (apparatuses): €160**

**– 3 individual specialties (apparatuses): €230**

**The Head of Delegation has free entry (1 Aerial Head of Delegation and 1 Pole Head of Delegation per national team). Coach passes cost €15 for the entire competition.**

**The transfer for registration and any other purchases must be made to this bank account:**

**All payments must be made separately!**

**Recipient: Olga Jasinska**

**IBAN: LT38 3250 0336 4522 0632**

**BIC / SWIFT code: REVOLT21**

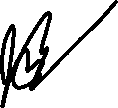
**Bank name and address: Revolut Bank UAB Konstitucijos ave. 21B, 08130, Vilnius, Lithuania**

**Correspondent BIC: CHASDEFX**

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| **Place and date** | **Seal of the NF** | **NF authorised signature** |
|  |  | Signature of the President or Secretary General of the participating affiliated POSA member |

**Please, this form must be sent to the OC with the invoice payment.**

**E-mail:** [**posa.europe@czaaf.cz**](mailto:posa.europe@czaaf.cz)



**Davide Lacagnina**

**President**