### ANNEX 2a to Final Entry

***FINAL ENTRY - COMPOSITION OF THE MISSION***

**To be returned before 01 May 2022**

**Contact of the Organizing Committee:** [cism45wmpc@gmx.at](mailto:cism44wmpc@gmx.at)

with copy to : - CISM Sports Director: [luiz.fernando@milsport.one](mailto:luiz.fernando@milsport.one)   
 - President of CISM Parachuting Committee [parachuting@milsport.one](mailto:parachuting@milsport.one)

NATION :

**Date of birth for athletes only**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Function** | **Rank** | **Sex M/F** | **Given name** | **Surname  (family name)** | **DOB DD/MM/YY** | **Participation in** | | |
|  | **Chief of Mission** |  |  |  |  |  | **Accuracy** | **Style** | **Formation** |
|  | **Team leader** |  |  |  |  |  |
|  | **Judge** |  |  |  |  |  |
|  | **Coach** |  |  |  |  |  |
| **Competitors:** | | | | | | |
|  | **freefall videographer\*** |  |  |  |  |  |  |  | **x** |
|  | **Male athlete** (in jumporder team accuracy) |  | M |  |  |  |  |  |  |
|  |  | M |  |  |  |  |  |  |
|  |  | M |  |  |  |  |  |  |
|  |  | M |  |  |  |  |  |  |
|  |  | M |  |  |  |  |  |  |
|  | **Female athlete** (in jumporder team accuracy) |  | F |  |  |  |  |  |  |
|  |  | F |  |  |  |  |  |  |
|  |  | F |  |  |  |  |  |  |
|  |  | F |  |  |  |  |  |  |
|  |  | F |  |  |  |  |  |  |
|  | additional  **Junior athlete** (M/F) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | | | | | | |  |  |  |
|  | **CSC Member\*\*** |  |  |  |  | |  |  |  |

\*CISM Parachuting rules 3.3.1.D applies \*\* if not appointed in a function 1 - 15

In strict compliance with applicable CISM Reg. 7.23, I, the undersigned Chief of Delegation, hereby officially confirm that all athletes representing my nation in the CISM event are on active duty in my nation’s Armed Forces. I understand that sanctions may be imposed against my nation, my mission, my team, individual athletes, or myself for violation of this provision (CISM Reg. Chapter I, Art. 1.12)

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF CHIEF OF DELEGATION RANK/NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_