# ANNEX II

***PRELIMINARY AGREEMENT***

## To be returned before April 29, 2022 Copy to:

Swedish Air Defense Regiment Swedish Delegation to CISM

Att: Jesper Lindberg MHS K/FMIF

Göteborgsvägen 1 SE- 107 86 STOCKHOLM

301 80 Halmstad SWEDEN

Sweden

E-mail: LV6-idrott@mil.se Fax: + 46 8 514 399 00

E-mail: fmif-mhsk@mil.se

NATION :

TOTAL NUMBER OF PARTICIPANTS**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Officials | Athletes | CSC Members | Total |
| Men |  |  |  |  |
| Women |  |  |  |  |
| Total |  |  |  |  |

MEANS OF TRANSPORT:

|  |  |
| --- | --- |
| DATE:  |  |
| SIGNATURE OF CHIEF OF DELEGATION |
| RANK/NAME:  |

|  |  |  |
| --- | --- | --- |
| **Your Contact** | **Rank/Name** |  |
| **Phone** |  |
| **Fax** |  |
| **E-Mail** |  |

# ANNEX III A

***FINAL ENTRY***

## To be returned before May 27, 2022 Copy to:

Swedish Air Defense Regiment Swedish Delegation to CISM

Att: Jesper Lindberg MHS K/FMIF

Göteborgsvägen 1 SE- 107 86 STOCKHOLM

301 80 Halmstad SWEDEN

Sweden

E-mail: LV6-idrott@mil.se Fax: + 46 8 514 399 00

E-mail: fmif-mhsk@mil.se

NATION :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | PLACE | DATE | FLIGHT Nr TRAIN Nr | TIME |
| ARRIVAL |  |  |  |  |
| DEPARTURE |  |  |  |  |

MEANS OF TRANSPORT:

|  |  |
| --- | --- |
| DATE:  |  |
| SIGNATURE OF CHIEF OF DELEGATION |
| RANK/NAME:  |

|  |  |  |
| --- | --- | --- |
| **Your Contact** | **Rank/Name** |  |
| **Phone** |  |
| **Fax** |  |
| **E-Mail** |  |

# ANNEX III B

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

## To be returned before May 27, 2022 Copy to:

Swedish Air Defense Regiment Swedish Delegation to CISM

Att: Jesper Lindberg MHS K/FMIF

Göteborgsvägen 1 SE- 107 86 STOCKHOLM

301 80 Halmstad SWEDEN

Sweden

E-mail: LV6-idrott@mil.se Fax: + 46 8 514 399 00

E-mail: fmif-mhsk@mil.se

NATION : OFFICIALS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Function** | **Rank** | **Surname** | **First name** | **Male/female** |
| **Chief of mission** |  |  |  |  |
| **Team Captain** |  |  |  |  |
| **Coach male** |  |  |  |  |
| **Coach female** |  |  |  |  |
| **Ad libitum\*** |  |  |  |  |

|  |  |
| --- | --- |
| DATE:  |  |
| SIGNATURE OF CHIEF OF DELEGATION |
| RANK/NAME:  |

COMPETITORS: Men (\*Only for Nordic countries)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MIL PIN** | **Rank** | **Surname** | **First name** | **Food allergy** | **Left hand shooter J/N** | **Best time in obstacle** | **Best time in swim** |
|  |  |  |  |  |  |  |  |
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| **\*** |  |  |  |  |  |  |  |

COMPETITORS: Women (\*Only for Nordic countries)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MIL PIN** | **Rank** | **Surname** | **First name** | **Food allergy** | **Left hand shooter J/N** | **Best time in obstacle run** | **Best time in swim** |
|  |  |  |  |  |  |  |  |
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WEAPONS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Model** | **Cal.** | **Serial Number** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
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| **16** |  |  |  |
| **17** |  |  |  |
| **18** |  |  |  |
| **19** |  |  |  |
| **20** |  |  |  |

Ammunition

|  |  |
| --- | --- |
| **Number** | **Cal.** |
|  |  |
|  |  |
|  |  |

In strict compliance with applicable **CISM Regulations – Chapter VII, Article 7.22**, 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 Regulations Chapter I, Art. 1.12**).

|  |  |
| --- | --- |
| DATE:  |  |
| SIGNATURE OF CHIEF OF DELEGATION |
| RANK/NAME:  |