**PRELIMINARY ENTRY BY NUMBER**

**The 15th World Soft Tennis Championships at New Delhi, India**

 **DATE OF ENTRY:**

**NAME OF COUNTRY:**

**REPRESENTATIVE OF ENTRY NAME**

 **ADDRESS**

 **PHONE NUMBER**

 **FAX NUMBER**

 **E-MAIL ADDRESS**

Please tick(☑) one of each events below

|  |  |  |  |
| --- | --- | --- | --- |
| **EVENT(S)** | **SEX** | **ENTRY BY NUMBER** | **NO ENTRY** |
|  **TEAM** | MEN | 3□ 4□ 5□ 6□ |  |
| WOMEN | 3□ 4□ 5□ 6□ |  |
|  **INDIVIDUAL** **(DOUBLES)** | MEN | 1□ 2□ |  |
| WOMEN | 1□ 2□ |  |
|  **INDIVIDUAL** **(SINGLES)** | MEN | 1□ 2□ |  |
| WOMEN | 1□ 2□ |  |
|  **INDIVIDUAL** **(MIXED DOUBLES)** |  | 1□ 2□ |  |

SIGNATURE AND OR SEAL OF PRESIDENT DATE

OR SECRETARY GENERAL