**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