

OFFICIAL ENTRY FORM

8th Para-Badminton Polish Open ZAKOPANE 2026

First name, Last name			
Sport Class*			
Classification	NO CLASSIFICATION	NATIONAL	BWF CLASSIFICATION
<i>put an "X" in the appropriate box</i>			
E-mail			
Club			
Country			

* WH1, WH2, SL3, SL4, SU5, SS6

Application to events: - put "X" in the appropriate box

	TAK	Partner (First name, last name, sport class / partner wanted)
Singles		
Doubles		
Mixed doubles		

	YES	NO
Invoice?		
Data for the invoice		

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CHOICE OF DINNERS

<i>September 19, Saturday</i>	1	2	3
Set			

Set 1 - Pork chop, potatoes, set of salads + tomato soup.

Set 2 - De Volaille, potatoes, set of salads + tomato soup.

Set 3 - Russian dumplings + tomato soup

<i>September 20, Sunday</i>	1	2	3	4
Pizza				

Pizza 1. Capriciosa

Pizza 2. Salami

Pizza 3. Margarita

Pizza 4. Vegetariana

If you are ordering a lunch for a trainer/ accompanying person, please enter the number of meals in the appropriate selection box. The price for one dinner is 10 euros or 40 zlotys.

.....
Place and date

.....
Name and Surname

STATEMENT

I declare that I am a person with a disability and have a valid Disability Certificate* issued by the District Disability Assessment Board competent for my place of residence or an equivalent document for competitors from outside Poland.**

.....
Date and Signature

** Please do not attach the decision document in the form of a photocopy or scan!*

*** The declaration should be signed by hand and a scan should be sent only if you do not have a valid national or BWF classification.*

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