Please send in your application by E-Mail:

**Within 17.12.2017** to [turnier@showdown-germany.de](mailto:turnier@showdown-germany.de)

Country:

Name:

Surname:

Position (player/guide/coach):

Eye Classification (B1/B2/B3):

Please indicate your class and attach the medical documentation providing the level of visual impairment, if not classified by IBSA.

Phone:

E-Mail:

Day of arrival:

Please inform us about special food requirements

Please inform us as soon as possible about your traveling details and required transfers.