**The Baltic States Championship in the Firefighters Combat Challenge**

**“The Strongest Firefighter”**

Please send the completed application form **by May 26, 2025**

To: ivo.bendrats@vugd.gov.lv and Cc.: assp@vugd.gov.lv.

**APPLICATION for individual participant**

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| --- | --- | --- | --- | --- | --- |
| No | Name | Surname | Age (*on the day of the competition*) | Name of the team | Age category (*V18, V30, V40, M*) |
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**APPLICATION for tandems**

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| No | Name | Surname | Age (*on the day of the competition*) | Name of the tandem | Tandem category (*Tandem, Tandem MIX, Tandem 40*) |
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**APPLICATION for team**

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| No | Name | Surname | Age (*on the day of the competition*) | Name of the team |
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