



SPORT ADMINISTRATORS COURSES PARTICIPANT APPLICATION FORM

Note: This form is for NOCs' internal use. It should not be returned to Olympic Solidarity.

Participant's Organisation

PARTICIPANT INFORMATION

Family Name		First Name(s)	
Date of Birth		Sex	M / F
Address for Correspondence		Telephone	
		Fax	
		E-mail	
Education			

Current Position in Sport:

PAST EXPERIENCE IN SPORT ADMINISTRATION

Year	Occupation
Additional Sport Experience	

Language(s)	Spoken	Written	Read
	1 / 2 / 3 / 4 / 5	1 / 2 / 3 / 4 / 5	1 / 2 / 3 / 4 / 5
	1 / 2 / 3 / 4 / 5	1 / 2 / 3 / 4 / 5	1 / 2 / 3 / 4 / 5
	1 / 2 / 3 / 4 / 5	1 / 2 / 3 / 4 / 5	1 / 2 / 3 / 4 / 5

Please circle the corresponding numbers (1 = beginner / 5 = fluent)

Name, function and signature

Date