**Candidate Registration Form – Deadline Tuesday, February 7th, 2017**

**COURSE FEE PAYMENT DEADLINE: TUESDAY, FEBRUARY 7th, 2017**

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| **Participant’s Personal Information** |
| **FAMILY Name:**       | **GIVEN Name(s):**       |
| **Nationality:**  | **Gender:**       |
| **Passport #:**       | **Expiry date:**       | **Place of issue:**       |
| **Date of Birth:**       | **Place of Birth:**       |
| **T-Shirt Size:** [ ] XS [ ] S [ ] M [ ]  L [ ]  XL [ ] XXL  | **Profession:**       |
| **Contact Information** |
| **Primary Address:**       |
| **Home Phone:**       | **Mobile:**       |
| **Office Phone:**       | **Fax:**       |
| **E-mail address:**       | **SKYPE Name:**       |
| **Languages Spoken:**       |
| **Coaching Information / Technical Qualification** |
| **Highest Coaching Qualification** |
| **Level:**       | **Year:**       | **Country:**       |
| **Other Qualification / Experience** |
| *Year* | *Location (country)* | *Qualification / Experience* |
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| **Attachments** |
| **Resume / CV:** **[ ]**  | **Proof of Qualification:** **[ ]**  | **Statement: [ ]** *(coaching experience, career, ParaVolley experience, reasons for attending course)* |

**[ ]** I hereby confirm that all information provided above is true and correct. I will conform to the Rules & Regulations of the Course. I fully understand that my participation is at my own risk in all respect and will not hold World ParaVolley or the LOC responsible for any mishaps, accidents, etc. I promise to ensure the full fees as advertised in the invitation letter are paid, to complete the full duration of the course and to undergo all evaluations conducted.

**Participant Signature: Date:**

**CERTIFICATION / VERIFICATION**

**(by World ParaVolley Member, NPC, or National Volleyball Federation)**

The World ParaVolley Member Nation, NPC or Volleyball Federation supports the above candidate to participate in the World ParaVolley Level 1 Coach course –February 23-26, San Jose, Costa Rica.

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|  | *Official Seal of the* *World ParaVolley Member,* *NPC or National VB Federation****Federation Name:*** |
| *(Signature of Official)***Name:** **Function:** **Date:**  |

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| **IMPORTANT: Please return this fully completed form by e-mail by Tuesday, February 7th, 2017 to:** |
| **Mr. John Neilson, ParaVolley Pan Am Development Director****Mr. Carlomagno Saenz, Course Organizer CRC (FECOVOL)****Mr. Jouke de Haan, World ParaVolley Coach Commission Chair** **Mr. Phil Allen, World ParaVolley General Manager****Mr. Denis Le Breuilly, World ParaVolley Sport Director** | **johnneilson109@gmail.com****carlo1566@yahoo.com****joukedehaan47@gmail.com****generalmanager@worldparavolley.org****sportdirector@worldparavolley.org** |