

Registration Form 3; Entry by Name

To be returned to sskuragama@yahoo.com not later than 1st April 2016

a. Country

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b. Competitors facts

Last Name	First Name	Date of Birth dd/mm/yyyy	Gender M/F	Sail Number

c. Official Facts

Last name	First name	Position	Gender M/F	Will stay at the official hotel? Y/N
		TeamLeader		
		CountryRep		
		Coach		

While each country decides on the position of each of the three adults, these are usually the main duties of each adult at a Championship:

TL - Is in charge of the registration and is the "spoke person" of the team, the contact between the team and the Organizing Committee.

CR - Attends the IODA Meetings

Coach - Trains the Competitors and goes to the water to give instructions and help if they eventually need it.

d. Date of arrival – Please fill in both dates if the delegation arrives in separate groups

Day 1	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Day Month Year	Airline	Flight	Number of people	Arrival Time
Day 2	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Day Month Year	Airline	Flight	Number of people	Arrival Time

k. Dates of Departure

Day 1	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Day Month Year	Airline	Flight	Number of people	Departure Time
Day 2	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Day Month Year	Airline	Flight	Number of people	Departure Time

e. Special Diet requirement

Does any member of the team need any special diet ? Yes/ No If "yes" please give details

f. Contact Signature

Name E mail address

Date Signature