**ENTRY FORM**

**IOF Foot Orienteering Event Advisers’ Clinic**

**16-17 December 2017, Sesto Calende, Malpensa, Milan ITALY**

**Application process:**

1. Applicant checks with his/her Federation that they will endorse the participation
2. Applicant fills in the whole form and emails this form to the Federation contact
3. Federation endorses by forwarding applicant’s email to David Rosen [dandmrosen@btopenworld.com](mailto:dandmrosen@btopenworld.com) stating:

Application to Clinic – “Name of the Applicant”. I hereby endorse this application.

1. David Rosen processes application and confirms to Applicant and Federation.

**The application should reach** [**dandmrosen@btopenworld.com**](mailto:dandmrosen@btopenworld.com?subject=IOF%20Event%20Advisers%20Clinic%20Italy) **at the latest by 26 November 2017.**

|  |  |
| --- | --- |
| Name: |  |
| National Federation: |  |
| Full postal address: |  |
| Email: |  |
| Mobile telephone no[[1]](#footnote-1): |  |
| Relevant positions held in Orienteering[[2]](#footnote-2): |  |
| Athlete experience in Orienteering: |  |
| Accommodation | I would like a place at the Hotel on Friday night YES/NO  I would like a place at the Hotel on Saturday night YES/NO |
|  |  |
| Endorsement of your attendance at this clinic by your National Federation |  |
| Name: |  |
| Position/Role: |  |
| Email: |  |

The registration fee is 80 EUR payable in cash on arrival at the clinic. A receipt will be issued.

1. including country code, e.g. +47 70 216 33 32 [↑](#footnote-ref-1)
2. e.g. grade of controller, committee membership, organiser roles [↑](#footnote-ref-2)