

2008 AOCVD INTRODUCTORY WORKSHOP SITTING VOLLEYBALL FOR ALL

10th – 13th DECEMBER 2008 , Kuala Lumpur, Malaysia
presented by

ASIA OCEANIA COMMITTEE VOLLEYBALL for DISABLED
with cooperation and support of

ASIA PARALYMPIC COUNCIL & WORLD ORGANISATION VOLLEYBALL for DISABLED

ASIA-OCEANIA COMMITTEE
VOLLEYBALL *for* DISABLED



A3

COURSE PARTICIPANT
INDIVIDUAL REGISTRATION

AOCVD

1. PERSONAL DATA

FAMILY NAME

NAME

PASSPORT NO.

PLACE ISSUED EXPIRY DATE

OCCUPATION PREFERRED FOOD VEGETARIAN NON VEGETARIAN

BIRTH DATE dd mm yy GENDER T-SHIRT SIZE S M L XL XXL

PROFICIENCY OF LANGUAGES

	SPEAK	READ	WRITE
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARABIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUSSIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANDARIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. VOLLEYBALL REFEREEING QUALIFICATIONS & EXPERIENCES

Please list your EXPERIENCES & HIGHEST QUALIFICATIONS in Volleyball.

EXPERIENCES

QUALIFICATIONS

3. COMMUNICATION DATA

POSTAL ADDRESS

COUNTRY

POST CODE

E-COMMUNICATION

TELEPHONE NO. : *office* —

residence —

fax —

mobile —

INTERNET *e-mail*

website

4. INDEMNITY CLAUSE

I am fully aware that my participation is at my own risks and shall not hold the organisers responsible for any accidents, injuries, lost or death which may occur before, during or after the duration of the workshop. I promise to abide by the Rules & Regulations of the workshop set by the AOCVD.

Thank you.

SIGNATURE OF THE APPLICANT

5. VERIFICATION (by relevant authority)

It is verified that the information above is TRUE and CORRECT. The participation of the applicant in the course above, is fully supported and sanctioned by the National Paralympic Council /

Volleyball Association of

Thank you.

AUTHORISED SIGNATURE OF THE AUTHORITY

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