7th International Coaching Seminar
Fuengirola, Malaga (SPA), 30 September – 3 October 2015

REGISTRATION FORM

1. NAME OF MEMBER ASSOCIATION

_____

Name and position of the representative of the above Member Association: _____

_____

Approves the participation of the coach below to the 2015 World Archery Coaching Seminar.

Date: ___ / ___ / 2015 Signature:

2. Participant Personal Information:

Name and Surname: **(As written in the Passport)**		
Home Postal Address: **(incl. Zip/Post Code)**		
Mobile Phone Number:		
Email Address:		
Passport Number:		
Date & place of issue / passport		
Passport expiration date:		
Date of Birth:	**Gender:**	**Nationality:**
DD/MM/YYYY:	F___ M___	

By signing below against the above participant declares:

- Exact the information in this document
- Master enough English to follow the seminar to be conducted in that language only.

Signature:

3. Participant Travel Information:

Arrival Point: ☐ Malaga Costa del Sol Airport ☐ *Maria Zambrano Malaga Train Station* ☐ *Private transport*	**Arrival Date:** **Arrival Time:**	**Flight / Train Number:**
Departure Point: ☐ Malaga Costa del Sol Airport ☐ *Maria Zambrano Malaga Train Station* ☐ *Private transport*	**Departure Date:** **Departure Time:**	**Flight / Train Number:**
Travel Agency & Contact details:		

4. Participant Accommodation Information:

ROOM TYPE	NUMBER OF NIGHTS	RATE (per person & per night)	SUB TOTAL
Registration fee		**EUR 200.-**	**EUR 200.-**
Single room		**EUR 75.-**	
Double room		**EUR 50.-**	
Triple room		**EUR 45.-**	
Total:			

*** Name of Room Mate (s):** (if applicable*)	

*Please provide your roommates name in the box above. If you do not provide any name of roommate(s), the organizing committee will do its best to find someone for you. In case that nobody is found out, you accept to be accommodated in & pay for a single (if you asked for a double room), or double room (if you asked for a triple room).

5. Special Instructions or/and Requirements

Using the space below please inform us of any special needs or requirements you have, such as special diet (gluten, vegetarian, etc.) or the need for an accessible room:

6. NAME AND ADDRESS for invoicing:

Invoice will be sent by the organising committee with the exact bank details as soon as the above details are completed.

Please send the completed registration form to: WA Development and Coaching Department Senior Coordinator at: dniamkey@archery.org