

FORM B – Delegate, Coach and Unified Partner Registration - Page 1 of 2

☐ Please check if this person is an Alternate (Substitute/Reserve)

(Please print in ink using block letters or type)

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(If you are not using digital photos, attach 2 passport size photos)

(Please note that Last /Family and First Name should be written in LATIN characters as in Passport)

Delegation	SO Region

Name: Last/Family (as in Passport)	First (as in Passport)	Middle Initial	Gender: M/F

Address

City	State/Province	Country

Email Address

Date of Birth: dd-mm-yyyy		

Nationality	Place of Birth

Passport Number	Passport Expiration Date: dd-mm-yyyy

Visa Required? Yes ☐ No ☐ Consulate or Embassy you will apply for VISA

If you need an invitation letter in order to issue a Passport, fill in your ID No.

Function Check one

☐ Head of Delegation	☐ Head Coach	Sport
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☐ Assistant Head of Delegation	☐ Coach	Sport
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☐ Medical Staff	☐ Unified Partner	Sport
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☐ AS Staff*	Sport
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Are you a Certified Coach? ☐ Yes ☐ No

If yes, what level of certification are you:

☐ National Governing Body Certified (Specify) _____

☐ Special Olympics Certified (Specify) _____

☐ Other (Specify) _____

* The "AS" designation is for Delegation staff above the delegation quota. ALL AS Staff fees must be paid before credentials are issued.



(Please note that Last /Family and First Name should be written in LATIN characters as in Passport)

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Middle Initial

Does this person use a wheelchair? ☐ YES ☐ NO

No

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