

Please note this form can be filled in directly then saved and emailed. There is no need to print and sign this document.

INTERNATIONAL COMPETITION CALENDAR APPLICATION FORM



National Federation of:

| | |
|--------------------|--|
| Event Name: | |
| Event Start Date: | |
| Event End Date: | |
| Organised by: | |
| Event Location | |
| Country: | |
| Type of Event: | |
| Level of Event: | |
| Discipline: | |
| Age Level: | |
| Other Information: | |
| Contact Name: | |
| Address: | |
| Phone: | |
| Mobile: | |
| Fax: | |
| E-mail address: | |
| Event Website: | |

The Form is to be sent to the ICF Headquarters and the respective Technical Committee Chair.

THERE IS NO NEED TO PRINT OR SIGN THIS DOCUMENT

