|  |  |  |  |  |  |  |  |
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| 1. **NATIONAL ASSOCIATION INFORMATION** | | | | | | | |
| Country Name: | | | |  | | | |
| Name of National Association: | | | |  | | | |
| Name of President: | | | |  | | | |
| Postal Address: | | | |  | | | |
| Contact Number: | | | |  | | | |
| Office Email: | | | |  | | | |
| 1. **APPLICATION CATEGORY** | | | | | | | |
| Choose the appropriate box. | | | | | | | |
| Sofia 2020 World Taekwondo Junior Championships | | | | | | | |
| 1. **ATHLETE/COACH INFORMATION** | | | | | | | |
| 1 | MNA  Representative | | Name | |  | | |
| Position | |  | | |
| GOL Number | |  | | |
| 2 | Athlete | | Name | |  | | |
| Gender | |  | | |
| Birth of Date  (DD/MM/YY) | |  | | |
| GAL Number | |  | | |
| 1. **Name and Signature of President** | | | | | | | |
| Name of President | |  | | | | Signature of President |  |
| Name of National Association | |  | | | | Stamp of National Association |  |
|  | | | | | | | |
| 1. **Submission** | | | | | | | |
| Please send this form together with (1) E-ticket with receipt and (2) Receipt of room charges to the Member Relations & Development Department at [member@worldtaekwondo.org](mailto:member@worldtaekwondo.org) by October 31, 2020. | | | | | | | |