

Team application form for World Wing Chun Cup 2015

Name of team:						Nation:		Region/Area:	
Captain:		<input type="checkbox"/> Male <input type="checkbox"/> Female; <input type="checkbox"/> also a participant	Coach 2		<input type="checkbox"/> Male <input type="checkbox"/> Female; <input type="checkbox"/> also a participant	Numbers of participants:			
Coach 1		<input type="checkbox"/> Male <input type="checkbox"/> Female; <input type="checkbox"/> also a participant	Coach 3		<input type="checkbox"/> Male <input type="checkbox"/> Female; <input type="checkbox"/> also a participant				
Contact details (must fill in)	Contact Person : Mobile : Telephone(+region code) : Fax(+region code) : Address : Postal Code : Email :								

No.	Name (refer to p.s.1)	sex	Date of Birth yy/mm/dd	Weight, Kg.	Competition Items							Fees (in Euro)			
					Kuen Tao				Dui Chak	Guo Sao	Chuen Tong Chi Sao	Free fight	Application fee	Accommo- dation fee	Sub- total
					Siu Lim Tao	Chum Kiu	Biu Dze	Long pole							
1		<input type="checkbox"/> M <input type="checkbox"/> F													
2		<input type="checkbox"/> M <input type="checkbox"/> F													
3		<input type="checkbox"/> M <input type="checkbox"/> F													
4		<input type="checkbox"/> M <input type="checkbox"/> F													
5		<input type="checkbox"/> M <input type="checkbox"/> F													
6		<input type="checkbox"/> M <input type="checkbox"/> F													
7		<input type="checkbox"/> M <input type="checkbox"/> F													
8		<input type="checkbox"/> M <input type="checkbox"/> F													
9		<input type="checkbox"/> M <input type="checkbox"/> F													
10		<input type="checkbox"/> M <input type="checkbox"/> F													
Total															

p.s. 1 - Non-participants, including family members of the participants & co-workers of the team (or others), their names should be written after all participants, and their status be marked.
 2 - Please mark the specific "Tao-lu" by each participant.

Signature from the representative of this team (to certify the participants' age and health status): _____ Date: _____