**World ParaVolley Level 1 Coach Course**

**March 23-28, 2018 – Jeju City, South Korea**

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| **Candidate Registration Form – Deadline 16 February 2018**  **COURSE FEE PAYMENT – DEADLINE: 16 February 2018** |

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| **Participant’s Personal Information** | | | | | | | | | |
| **FAMILY Name:** | | | | | | **GIVEN Name(s):** | | | |
| **Nationality:** | | | | | | **Gender:** | | | |
| **Passport #:** | | | **Expiry date:** | | | | **Place of issue:** | | |
| **Date of Birth:** | | | | **Place of Birth:** | | | | | |
| **Profession:** | | | | | | | | | |
| **Contact Information** | | | | | | | | | |
| **Address:** | | | | | | | | | |
| **Home Phone:** | | | | | | | | **Mobile:** | |
| **E-mail address:** | | | | | | | | **SKYPE Name:** | |
| **Languages Spoken:** | | | | | | | | | |
| **Coaching Information / Technical Qualification** | | | | | | | | | |
| **Highest Coaching Qualification** | | | | | | | | | |
| **Level:** | | | | | **Year:** | | | | **Country:** |
| **Other Qualification / Experience** | | | | | | | | | |
| *Year* | *Location (country)* | *Qualification / Experience* | | | | | | | |
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I hereby confirm that all information provided above is true and correct. I will conform to the Rules & Regulations of the Course. I fully understand that my participation is at my own risk in all respects and will not hold World ParaVolley or the LOC responsible for any mishaps, accidents, etc. I promise to ensure the full fees as advertised in the invitation letter are paid, to complete the full duration of the course and to undergo all evaluations conducted.

**Participant Signature:**       **Date:**

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| **CERTIFICATION / VERIFICATION**  **(by World ParaVolley Member, NPC, or National Volleyball Federation)** |

The World ParaVolley Member Nation, NPC or Volleyball Federation supports the above candidate to participate in the World ParaVolley Level 1 Coaches Course –March 23-28, 2018, Jeju City, South Korea.

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|  | *Official Seal of the WPV Member,*  *NPC or National VB Federation*  ***Federation Name:*** |
| *(Signature of Official)*  **Name:**  **Function:**  **Date:** |

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| **IMPORTANT: Please return the Registration Form by e-mail by 16 February 2018 to:** | |
| **Ms. Malsoon Jung, KOVAD**  **Mr. Steve Jones, Instructor**  **Mr. Weiping Tu, Instructor**  **Mr. Phil Allen, World ParaVolley General Manager**  **Mr. Denis Le Breuilly, World ParaVolley Sport Director** | [volleykr@naver.com](mailto:volleykr@naver.com)  [jones.stevejones.steve6@gmail.com](mailto:jones.stevejones.steve6@gmail.com)  [tuweiping1@hotmail.com](mailto:tuweiping1@hotmail.com)  [generalmanager@worldparavolley.org](mailto:generalmanager@worldparavolley.org)  [sportdirector@worldparavolley.org](mailto:sportdirector@worldparavolley.org) |