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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**
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| 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 by October 31, 2020. |