

ATHLETE ACCREDITATION

This form is to be completed in **quadruple** by all parties wanting accreditation for the 2014 Africa Union Sport Council Region 5 (AUSC Region 5) U20 Youth Games. A separate form must be completed for each person applying for accreditation. Please type or write in **CAPITAL LETTERS**.

EACH ATHLETE APPLICATION MUST BE ACCOMPANIED BY A CERTIFIED COPY OF THEIR BIRTH CERTIFICATE.

**Applications without this documentation will not be accepted.
FORMS TO BE COMPLETED AND RETURNED BY 30th May 2014.**

ZIM 1214-01

FOR OFFICE USE ONLY

Registration Number:

1. COUNTRY (Tick where applicable)

Angola (ANG)	Botswana (BOT)	Lesotho (LES)	Malawi (MAW)	Mozambique (MOZ)	Others <small>(Specify country below)</small>
Namibia (NAM)	South Africa (RSA)	Swaziland (SWZ)	Zambia (ZAM)	Zimbabwe (ZIM)	

2. PARTICIPATION (Tick where applicable)

Athletics	Athletics <small>(Visually Impaired)</small>	Basketball	Boxing	Football	Judo	Netball	Swimming	Tennis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you participated in Zone VI confederation games before? YES NO If so, which ones?

<input type="checkbox"/>	<input type="checkbox"/>	MOZ 2004	NAM2006	RSA2008	SWZ2010	ZAM2012
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Now AUSC Region V Games)

3. PERSONAL DETAILS

Family Name / Surname (as it appears in the Passport) <input style="width: 95%; height: 15px;" type="text"/>	Given Name (as it appears in passport) <input style="width: 95%; height: 15px;" type="text"/>	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (e.g. 21-09-1992) <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/>	Birth Certificate Number <input style="width: 95%; height: 15px;" type="text"/>	Date of Issue of Birth Certificate <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/>
Place of Birth <input style="width: 95%; height: 15px;" type="text"/>	Country of Birth <input style="width: 95%; height: 15px;" type="text"/>	
Passport Number <input style="width: 95%; height: 15px;" type="text"/>	Date of Issue of Passport <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/>	Expiry Date of Passport <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/>
Nationality <input style="width: 95%; height: 15px;" type="text"/>	Passport Place of Issue <input style="width: 95%; height: 15px;" type="text"/>	
National Identity Number <input style="width: 95%; height: 15px;" type="text"/>	Date of Issue of National Identity Number <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/>	

4. CONTACT DETAILS

Telephone

Land Line Number (including country dialling code e.g. +263 4 741177) Fax Number

Mobile Number (including country dialling code e.g. +263 779 467 027)

E-mail Address

Place/Town/City of Permanent Residence Country of Permanent Residence

Postal/Physical Address

Postal Code

Please provide COLOUR photographs, 45 mm x 35 mm for the Accreditation Pass. Attach one to each form. The photo should be a true likeness, with no hats or sunglasses, taken on a white background and less than six months old.

**Attach PHOTO
HERE**
Print your **full name,
ID no. & Country** on
reverse of photo.

Signature of Applicant

Date

Signature of Chef de Mission & Official Stamp

Date