

# TEAM OFFICIAL NOMINATION FORM



SPORT: \_\_\_\_\_  
 FEDERATION: \_\_\_\_\_  
 TEAM OFFICIAL TITLE: \_\_\_\_\_  
 (Coach, Asst. Coach, Manager, etc.)

**(PLEASE FILL OUT COMPLETELY & TYPE/PRINT IN CAPITAL LETTERS)**

DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
 (NOT P.O. BOX)

HOME NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FULL NAME:  
 (AS SHOWN ON PASSPORT)

DATE OF BIRTH:

NATIONALITY:  
 (AS SHOWN ON PASSPORT)

CITY OF BIRTH:

COUNTRY OF BIRTH:

PASSPORT NUMBER:

EXPIRATION DATE:

PASSPORT INFORMATION (MANDATORY)				
	DD		MM	
	DD		MM	

GENDER:  MALE  FEMALE

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_ cm.

WEIGHT: \_\_\_\_\_ lbs. \_\_\_\_\_ kgs.

COACHING EXPERIENCE <i>(list International &amp; local competitions)</i>		
YEAR	LIST OF COMPETITION(S) and/or EVENTS	CITY/COUNTRY

COACHING CERTIFICATION (MANDATORY)	
COURSES, SCHOOL, LEVEL OF COMPLETION	YEAR

## EMERGENCY CONTACT INFORMATION

CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
 (NOT P.O. BOX)

INSURANCE PROVIDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

CLINIC: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL CONDITION(S): \_\_\_\_\_

## UNIFORM SIZES

WARM UP UNIFORM: Small  Medium  Large  Extra Large  2X Large  3X Large

POLO SHIRT: Small  Medium  Large  Extra Large  2X Large  3X Large

DRESS SHIRT/TOP: Small  Medium  Large  Extra Large  2X Large  3X Large

T-SHIRT: Small  Medium  Large  Extra Large  2X Large  3X Large

PANTS (Actual Waist Measurement): \_\_\_\_\_ DRESS SIZE (female): \_\_\_\_\_

## ACKNOWLEDGEMENT

**By signing the Athlete's Profile Nomination form, I certify that the information provided is true and correct. I give my consent to the NOC, host country and Games Organizing Committee to use my information provided for accreditation purposes. I also understand that this form authorizes the Guam National Olympic Committee's assigned team medical official to administer treatment.**

\_\_\_\_\_  
 Team Official's Signature \_\_\_\_\_  
 Date