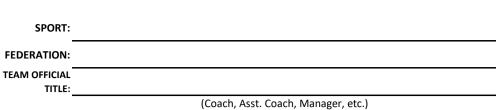


## **TEAM OFFICIAL NOMINATION FORM**





		(PI	LEAS	E FILL OUT COM	/IPL	ETELY & TYPE/PRIN	T IN CAPITAL LE	TTE	RS)	
					•		PASSP	PASSPORT INFORMATION (MANDATORY)		
DATE:						FULL NAME:				
CURRENT ADDRESS:	$\vdash$					(AS SHOWN ON PASSPORT)  DATE OF BIRTH:		DD	ММ	YYYY
(NOT P.O. BOX)						DATE OF BIRTH		00		<u> </u>
						NATIONALITY: (AS SHOWN ON PASSPORT)				
HOME NUMBER:						CITY OF BIRTH:				
WORK NUMBER:						COUNTRY OF BIRTH:				
MOBILE NUMBER.:						PASSPORT NUMBER:				
EMAIL ADDRESS:	$\vdash$					EXPIRATION DATE:		DD	мм	V000
EIVIAIL ADDRESS.						EXPIRATION DATE.		טט	IVIIVI	YYYY
GENDER:		MALE		FEMALE		COACHING	EXPERIENCE (lis	t Inte	ernational & local co	ompetitions)
HEIGHT:	ft.		in.		cm.	YEAR LI	ST OF COMPETIT	ION(	S) and/or EVENTS	CITY/COUNTRY
WEIGHT:	_		lbs.		kgs.					l e
					] -					
COACHING	G CER	TIFICATION (MA	AND	ATORY)						
COURSES, SCHOO	L, LEV	EL OF COMPLETION	ON	YEAR						
					J					
				EMER	GEN	CY CONTACT INFOR	MATION			
CONTACT PERSON:						INSU	RANCE PROVIDER:			
RELATIONSHIP:						POLICY NUMBER:				
HOME NUMBER:	$\vdash$					PHYSICIAN:				
WORK NUMBER:						CLIN	IC:			
MOBILE NUMBER:						CON	TACT NUMBER:			
EMAIL ADDRESS:						BLOG	OD TYPE:			
CURRENT ADDRESS: (NOT P.O. BOX)						ALLE	ALLERGIES:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						MED	ICAL CONDITION(S):			
	<u> </u>					_				
				1		UNIFORM SIZES	1			1 -
WARM UP UNIFORM:		Small		Medium	_	Large .	Extra Large		2X Large	3X Large
POLO SHIRT: DRESS SHIRT/TOP:		Small Small		Medium Medium	_	Large	Extra Large Extra Large		2X Large	3X Large
F-SHIRT:		Small		Medium	=	Large Large	Extra Large		2X Large	3X Large
					 	-3.00	<b>-</b>			]
PANTS (Actual Waist Measurement):							DRESS SIZE (fem	nale):		
By cianina +h	Λ+L	loto's Brofile	NIC	mination for		KNOWLEDGEMENT I certify that the	information	nro	vidad is true an	d correct 1
by signing the	: All	nete 2 Pronile	INO	าาแเลนเบท ใป	m,	r certify that the	miormation	bro	vided is true an	u correct. I

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. <u>I also understand that this form authorizes the Guam National Olympic Committee's assigned team medical official to administer treatment.</u>

Team Official's Signature	Date