



TEAM OFFICIAL NOMINATION FORM

SPORT: _____

FEDERATION: _____

TEAM OFFICIAL
TITLE: _____

(Coach, Asst. Coach, Manager, etc.)

(PLEASE FILL OUT COMPLETELY & TYPE/PRINT)

DATE: _____

CURRENT ADDRESS:
(NOT P.O. BOX) _____

HOME NUMBER: _____

WORK NUMBER: _____

MOBILE NUMBER.: _____

EMAIL ADDRESS: _____

GENDER: ☐ MALE ☐ FEMALE

HEIGHT: ft. in. cm.

WEIGHT: lbs. kgs.

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

| PASSPORT INFORMATION (MANDATORY) | | | | | | | |
|--|----|----|------|--|--|--|--|
| FULL NAME: (AS SHOWN ON PASSPORT) | | | | | | | |
| DATE OF BIRTH: | DD | MM | YYYY | | | | |
| NATIONALITY: (AS SHOWN ON PASSPORT) | | | | | | | |
| CITY OF BIRTH: | | | | | | | |
| COUNTRY OF BIRTH: | | | | | | | |
| PASSPORT NUMBER: | | | | | | | |
| EXPIRATION DATE: | DD | MM | YYYY | | | | |

| COACHING EXPERIENCE (list International & local competitions) | | |
|---|--------------------------------------|--------------|
| YEAR | LIST OF COMPETITION(S) and/or EVENTS | CITY/COUNTRY |
| | | |
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| EMERGENCY CONTACT INFORMATION | |
|--|-----------------------------|
| CONTACT PERSON: _____ | INSURANCE PROVIDER: _____ |
| RELATIONSHIP: _____ | POLICY NUMBER: _____ |
| HOME NUMBER: _____ | PHYSICIAN: _____ |
| WORK NUMBER: _____ | CLINIC: _____ |
| MOBILE NUMBER: _____ | CONTACT NUMBER: _____ |
| EMAIL ADDRESS: _____ | BLOOD TYPE: _____ |
| CURRENT ADDRESS: (NOT P.O. BOX) _____ | ALLERGIES: _____ |
| | MEDICAL CONDITION(S): _____ |

2024 TEAM GUAM EVENTS (Check appropriate box or boxes)

Paris2024 Olympic Games

| UNIFORM SIZES | | | |
|-------------------|---------------------|---------------------|----------|
| WARM UP UNIFORM: | POLO SHIRT: | DRESS SHIRT/TOP: | T-SHIRT: |
| MEN'S WAIST SIZE: | WOMEN'S WAIST SIZE: | WOMEN'S DRESS SIZE: | |

ACKNOWLEDGEMENT

By signing the Team Official's 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