Application Form PAHF Regional Workshop South American Club Development Workshop

Uruguay – April 22, 23 and 24, 2005

To be returned to Jorge Querejeta before 10 April, 2005

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(Please print clearly)

NAME:	M/F Nationality:	
Full ADDRESS with postal code and coun	atry:	
TELEPHONE:(home)	(office)	
FACSIMILE:(home)	(office)	
E-MAIL (please organize an address!):		
I want to participate in the workshop I will represent the National Hockey	•	(country)
Please give below a short resume of your pos development activities and your (inter)nation	al working experience.	
I speak and read: NO / A LITTLE B	BIT / REASONABLE / GOOD	ENGLISH
I speak and read: NO / A LITTLE B	BIT / REASONABLE / GOOD	SPANISH
My signature (of applicant)	Place Da	te
Signature, persons name and stamp of Nation	•	