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| --- | --- | --- |
| **Full Name (First, Last name)**  **(as worded on passport)** |  | |
| **Nationality** |  | |
| **Passport Number** |  | |
| **E-mail address(s)** |  | |
| **Phone Number(s)**  **(home, cell, fax)** | **Home:** | |
| **Cell:** | |
| **Fax:** | |
| **Male / Female(please indicate)** | **Male** | **Female** |
| **Mailing address** |  | |
| **Medical Insurance Details (insurance plan and number)**  **Please fax a copy of insurance certificate with this fax** |  | |
| **Please indicate if you have any special nutritional requirements.** |  | |
| **Coaching Experience: Please list previous coaching experience and certifications obtained.** |  | |
| **Please list name and contact phone number and email of at least TWO contacts we can use in the case of an emergency.** |  | |

**Forms emailed to: Ki, Woo Kyong -** [**tri@triathlon.or.kr**](mailto:tri@triathlon.or.kr)

**Closing date for applications: July 11th, 2014**