|  |  |
| --- | --- |
| Name of nominating National Federation |  |
| Date of nomination | Day |  | Month |  | Year |  |
| Contact information of nominating federation |
| Postal Address |  |
| Phone |  |
| E-mail |  |
| Technical Official Information |
| Name of official*(last name, first name)* |  | TO’s ID number |  |
| Gender | Male  |  | Female |  |
| Birth Date | Day |  | Month |  | Year |  |
| Passport number |  |
| Postal Address |  |
| Phone |  |
| E-mail |  |
| Years in triathlon  |  |
| Recent participation on events as technical official (in triathlon) | 1.  |
|  | 2.  |
|  | 3.  |
| Technical Official Profile\*Please, provide a brief description of the official character and abilities. Include a rationale for nominating this official.  |  |

**Forms emailed to: MAKROPOULOS Alexis –** **a.makropoulos@sportcamp.gr**

**Closing date for applications: Friday 10 October, 2014**