

Coaches' National Federation Representation Change Form								
Name of the C	oach							
World Triathlor	n ID#							
Email address								
Application received			Day		Month		Year	
Last Competition representing Original NF			Day		Month		Year	
Reasons for application								
Name of Origin	<u> </u>							
Name of Original National Federation Contact person of Original NF (name/email)								
Original National Federation agrees in writing								
Date of agreer	l I Feder	ation r	eceived					
Day		Month	l			rear		
Day		Worth				i oui		
Name of New National Federation								
Contact person of New NF (name/email)								
New National Federation								
agrees in writing								
Date of agreement from the New National Fe				n rece	ived			
Day		Month			Y	ear		
Comments								
World Triathlo								
Development /	Approval							
Data af Madal	Tain the law D		4!					
Date of World Triathlon Development Confirmation								



Day

Tel: +41 21 614 60 30 Fax: +41 21 614 60 39 Email: hdq@triathlon.org

Month



Year

