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| **National Federation** |  |
| **NF Contact** |  |
| **E-mail:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Name /details of proposed athlete** | | | | | | |
| Family name: | | First Name: | | | | |
| Date of Birth: | dd mm yyyy | Gender: | Male |  | Female |  |
| E-mail: |  | | | | | |

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| **Head Coach of proposed athlete** | | |
| Family name: | | First Name: |
| E-mail: |  | |

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| **TEAM ITU - Event being Applied for (mark yes/no)** | | | | |
| 1. **2015 Chengdu ITU Triathlon World Cup**   date: 9-10 May, format: standard distance | Yes |  | No |  |
| 1. **2015**  **Huatulco ITU Triathlon World Cup**   date: 26 July, format: sprint distance | Yes |  | No |  |
| 1. **2015 Tiszaujvaros ITU Triathlon World Cup**   date: 8-9 August, format: sprint distance (SF/F) | Yes |  | No |  |
| 1. **2015 Alanya ITU Triathlon World Cup**   date: 17-18 October, format: standard distance | Yes |  | No |  |

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| **Athlete - background in sport\*** | | | |
| **How many years have you participated in other sports before starting triathlon?** | | | |
| Sport: |  | Years in sport: |  |
| Sport: |  | Years in sport: |  |
| **How many years have you participated in Triathlon?** | | |  |
| **Current training frequency & volume** | | **Current km’s per week** | **Current Sessions per week** |
| Swim | |  |  |
| Bike | |  |  |
| Run | |  |  |

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| **Athlete - Primary sporting achievement\*** | | | |
| **Event** | **Result** | **Date (yyyy)** | **Place** |
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*\* NFs can supplement this information with the athlete’s sporting CV if available*

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| **Athlete - Participation in ITU and/or Continental Development Projects** | | | | |
| **Have you participated in any ITU or Continental Development Projects (scholarship, camp, Team ITU)?** | Yes |  | No |  |
| If, yes… please specify. | | | | |
| Project | Where? | | When? | |
|  |  | |  | |
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| **Optional Attachments**  (will facilitate approval procedure if submitted) | Enclosed | | | |
| 1. Long Term Strategic Plan of the National Federation | Yes |  | No |  |
| 1. Detailed sporting curriculum of athlete | Yes |  | No |  |
| 1. Copy of athlete’s passport | Yes |  | No |  |

Stamp

I, the undersigned, certify that the information provided above is accurate.

|  |  |
| --- | --- |
| (Name, Function and Signature) | (Date) |

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| --- |
| **Please submit the application form to Zita Csovelyak at** [**zita@triathlon.org**](mailto:zita@triathlon.org) **on or before due dates.** |