

COUNTRY









Form 1 –

Team Manager

HEAD OF DELEGATION	
ADDRESS	
CITY/CODE NUMBER	
COUNTRY	
TELEPHONE NO.	
FACSIMILE NO.	
MOBILE NO.	
EMAIL	
	na ancianatoc chall no rochonciblo tor all mombore of thoir l
team for the duration of the	nd designates shall be responsible for all members of their bir stay. This includes checking details for international air is and ensuring team members finalize accounts with the
team for the duration of the tickets and departure date	eir stay. This includes checking details for international air
team for the duration of the tickets and departure date hotel before departing.	eir stay. This includes checking details for international air
team for the duration of the tickets and departure date hotel before departing. SIGNATURE	eir stay. This includes checking details for international air







Form 2

VIP's, Coaches, Umpires and Doctors/Medical

No. Surname First Name Position	COU	NTRY			
COACHES (MAX. 4 PER COUNTRY) No. Surname First Name Position UMPIRE(S) No. Surname First Name Degree "A" Umpire Card DOCTOR(S) / MEDICAL No. Surname First Name Qualifications Position Qualifications	<u>VIP's</u>				
COACHES (MAX. 4 PER COUNTRY) No. Surname First Name Position UMPIRE(S) No. Surname First Name Degree "A" Umpire Card DOCTOR(S) / MEDICAL No. Surname First Name Qualifications	No.	Surname	First Name	Position	
No. Surname First Name Position	1				
No. Surname First Name Position 2 3 4 UMPIRE(S) First Name Degree "A" Umpire Card 1 2 DOCTOR(S) / MEDICAL No. Surname First Name Qualifications 1 2 4	2				
1 2 3 4 UMPIRE(S) No. Surname First Name Degree "A" Umpire Card 1 2 DOCTOR(S) / MEDICAL No. Surname First Name Qualifications 1 2	COA	CHES (MAX. 4 PE	ER COUNTRY)		
1 2 3 4 UMPIRE(S) No. Surname First Name Degree "A" Umpire Card 1 2 DOCTOR(S) / MEDICAL No. Surname First Name Qualifications 1 2	No.	Surname	First Name	Position	
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UMPIRE(S) No. Surname First Name Degree "A" Umpire Card DOCTOR(S) / MEDICAL No. Surname First Name Qualifications 1 Qualifications	2				
UMPIRE(S) No. Surname First Name Degree "A" Umpire Card DOCTOR(S) / MEDICAL No. Surname First Name Qualifications Qualifications	3				
No. Surname First Name Degree "A" Umpire Card DOCTOR(S) / MEDICAL No. Surname First Name Qualifications Qualifications	4				
DOCTOR(S) / MEDICAL No. Surname First Name Qualifications 1	UMP	RE(S)			
DOCTOR(S) / MEDICAL No. Surname First Name Qualifications 1	No.	Surname	First Name	Degree	"A" Umpire Card
DOCTOR(S) / MEDICAL No. Surname First Name Qualifications 2					
No. Surname First Name Qualifications 2	2				
2	DOC	TOR(S) / MEDICA	<u>.L</u>		,
2	No.	Surname	First Name	Qualifica	tions
Note	2				
Note	Note		,	•	

PLEASE READ COMPETITION INFORMATION CAREFULLY









- Form 3 - Judge / Referee Entry Form

Name	
Signature	
Date	
Regulation Dress All judges and referees must have the following as per ITF 1. White long sleeve shirt 2. Dark blue trousers 3. White sports shoes 4. Dark blue tie (other color will not be part of the Committee of the Championship. It is mandatory that Jitems. Failing to do so, they will not be allowed to part	permitted) schedule as set by the Technical address and Referees have the above sicipate.
Last ITF Umpire Cour	'se
Conducted by : Dat	e:









- Form 4 -

Individual Competitors & Team Entry Form

•	•
COUNTRY	
NDIVIDUAL MALE PATTERN COMPETITOR	S INDIVIDUAL FEMALE PATTERN COMPETITORS
1 st DEGREE	1 st DEGREE
2 nd DEGREE	2 nd DEGREE
3 rd DEGREE	3 rd DEGREE
4 th DEGREE	4 th DEGREE
INDIVIDUAL MALE SPARRING COMPETITORS	S INDIVIDUAL FEMALE SPARRING COMPETITORS
- 50kg	
•	- 45kg
- 57kg	- 51kg
- 64kg	- 57kg
- 71kg	- 63kg
- 78kg	- 69kg
- 85kg	- 75kg
+85kg	+75kg
INDIVIDUAL MALE POWER COMPETITOR	INDIVIDUAL FEMALE POWER COMPETITOR
1	1
INDIVIDUAL MALE SPECIAL TECHNIQUE COMPETITOR	INDIVIDUAL FEMALE SPECIAL TECHNIQUE COMPETITOR
1	1
·	
INDIVIDUAL MALE SELF DEFENSE (1 V. 3 M)	INDIVIDUAL FEMALE SELF DEFENSE (1 V. 2 F/M)
Attacker	Attacker
Defender 1	Defender 1
Defender 2	Defender 2
Defender 3	
TEAM – MALE TEAM EVENTS	TEAM – FEMALE TEAM EVENTS
1	1
2	2
3	3
4	4
5	5
6	6
TEAM : FIVE COMPETITORS AND ONE R	ENSE, SPECIAL TECHNIQUE, POWER BREAKING.
FIVE COMPETITORS AND ONE RE	ESERVE



COUNTRY

3 4









Form 5 -

Hotel Accommodation & Entry Forms for All Participants and Others

No	Name	Position	Package A or A/B, extra	Single Double	Date of Arrival	Date of Departure
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20						
Acc	ommodation deta	ails for other people tr	aveling with the	team / supp	<u>orters</u>	
No	Name	Position	Package A or A/B, extra	Single Twin Double	Date of Arrival	Date of Departure







TRAVEL ARRANGEMENTS

TRAVEL ARRANGEMEN	TS TO BLED, SLOVENIA
COUNTRY	

Depart	Day/Date	Time	Flight	Destination	Arrive	Date
Note:						

PASSPORT DETAILS

TEAM MEMBERS AND SUPPORTERS					
NAME/SURNAME	PASSPORT TYPE/ NUMBER	EXPIRY DATE			
	and supporters Passport detai				
forwarded with information an	d documentation required by Fe	bruary 15 th , 2007.			
Passport Details: Type, Number, Date/Place of Issue, Date of Expiry					
Details needed to issue	a Letter of Guarantee: Names, S	Surname, Date of Birth,			
Nationality, Name and address of legal Entity, staying in Slovenia: from date to until date,					
VISAS: Countries requiring Visas to travel to Slovenia should contact the nearest					
Consulate Office and make application as soon as possible.					

TRAVEL INSURANCE

Insurance	ALL Team members and Supporters must make sure they have full
	coverage; for travel, loss of property and funds, medical and adequate
	cover for contact (martial arts) sports and advice details.
Note	It is the responsibility of the Management of each country, to ensure that competitors are adequately covered with full insurance cover and that any medications required (eg asthma etc) are certified by the individual's Medical Officer or Doctor to confirm that you are free of any medications
	or substances which are contrary to International Anti-Doping Policies. Note to Organizers: Any breach of the regulations may subject the individual and/or the entire team to expulsion from the competition.









TRAVEL ARRANGEMENTS

TRAVEL ARRANGEMENTS FROM BLED, SLOVENIA						
	COUNTRY					
Depart	Day/Date	Time	Flight	Destination	Arrive	Date

Note:







	DEADLINES				
	Hotel Accommodation Entry Form must be sent				
BEFORE or on t	the deadline of February 9 th , 2007.				
Organizers	ITF Zveza za tradicionalni Taekwondo Slovenia				
Postal Address	P.P. 214, 3001 CELJE				
	SLOVENIJA				
Email	register@taekwondo-itf.si				
Fax	+ 386 3 427 44 90				
	odation deposits (USD\$200 per person) must be sent BEFORE or on				
	February 9 th , 2007.				
	e AFTER this deadline cannot be guaranteed discounted rates.				
	NOT booked through the Organizing Committee will incur a fee of				
USD\$250 per pe					
Direct Payment					
Bank Name	Nova Ljubljanska banka d.d.				
Account Name	Turizem Bled, Cesta svobode 11, 4260 Bled, SLO				
IBAN Code	SI 56020910255296408				
Account No.	02091 - 0255296408				
SWIFT	LJBASI2X				
Please confirm	Direct Payment by Email or Fax to the Organizing Committee				
Organizers	ITF Zveza za tradicionalni Taekwondo Slovenia				
Postal Address	P.P. 214, 3001 CELJE , SLOVENIJA				
Email	register@taekwondo-itf.si				
Fax	+ 386 3 427 44 90				
Details of Accor	mmodation Deposit – Direct Payment (PAID)				
Date paid					
Amount paid					
Bank Details					
Branch No.					
Beneficiary					
Bank Code					
Reference					
Confirmation					
Follow up	Full documentation, including individual details, photographs (2				
	passport photos per person certified/signed on back) and certified				
	copies of Dan Certificates etc should be sent by International Courier				
	Post as soon as possible / before or by February 9 th , 2007.				

ALL TOURNAMENT & UMPIRE RULES CAN BE DOWNLOADED FROM THE ITF WEBSITE AT

www.itftkd.org