

YOUTH OLYMPIC GAMES – ATHLETE SUPPORT OPTION 1 - IDENTIFICATION APPLICATION FORM

National Olympic Committee				
Edition of the Youth Games (year, location and	summer or winte	er)		
ACTIVITY				
Objective				
Description (Please attach additional information	n if needed)			
Location	Dates (dd/mm/yyyy)		No.	
	From	То	athletes	
BUDGET PROPOSAL				
		5.1.	D 1 /	
DETAILS: Main forecasted budget items Please add rows as needed		Budget (Local currency	Budget) (USD)	
Trouble data forms as freeded				
	Total			



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ATHLETES

Please provide a complete list of all athletes who will take part in the activity noted above. Should more than 16 athletes take part, please submit a full list as an annex. If it is not possible to name all the athletes in advance of the activity, please list the sports that will be included in the identification programme.

Olympic sport and discipline	Athlete's family name	Athlete's given name	Gender M/F	Date of birth (dd/mm/yyyy)	Primary sporting achievement* (result, date and place) *

^{*} NOCs can supplement the information on this form with further details on the activities, objectives and athletes if available

I, the undersigned,	President/Secretary	General of	f the	above-mentioned	NOC,	certify	that
the information prov	vided above is true an	d accurate.					

Name, function (President or Secretary General) and signature:	Date:	Stamp

This form is also available on NOCnet http://extranet.olympic.org/nocnet