

YOUTH OLYMPIC GAMES – ATHLETE SUPPORT OPTION 2 – YOG QUALIFICATION APPLICATION FORM

National Olympic Committee	
Edition of the Youth Games (year, loc	on and summer or winter)

QUALIFICATION COMPETITION

Name	Location	Dates (dd From	/mm/yyyy) To	No. athletes

BUDGET PROPOSAL

Competition Please add rows as needed	Budget (Local currency)	Budget (USD)
Total		



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ATHLETE LIST

Please provide a complete list of all athletes who will take part in the above noted qualification events.

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 competitions, budget and athletes if available

Ι,	the	undersigned,	, President/Secretary	General	of th	e above	-mentioned	NOC,	certify	that
th	e inf	ormation prov	vided above is true ar	nd accura	te.					

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



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