

YOUTH OLYMPIC GAMES – ATHLETE SUPPORT OPTION 3 – YOG PREPARATION GRANT TECHNICAL REPORT FORM

National Olympic Committee						
Period from	Enter date dd/mm/yyyy	to	Enter date dd/n	mm/yyyy		
ATHLETE						
Family Name	Given Name(s)					
Sport		Dis	cipline			
Name of coach						
TRAINING (DES	CRIPTION, LOCATION AND DATES	5)				
TRAINING (BEGORII HON, EGGATION AND BATEG)						
COMPETITION	RESULTS					
Dates (dd/mm/yyyy) From To	Competition		Venue	Results		
MEDICAL						
Has the athlete suffer	Has the athlete suffered any injuries or medical problems? If so, please describe.					
COMMENTS						
Athlete						
Coach						



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FINANCIAL STATEMENT

Description of Expenditure Coaching costs, transport, competition costs, etc.	Direct beneficiary Athlete, coach.	Expenditure (Local currency)	Expenditure (USD)
	Total		

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CANDIDATE I, the undersigned athlete, acknowledge that I have benefite grant as listed above and hereby certify that the information representation of the use of the them.		
Name and signature:	Date:	
NATIONAL FEDERATION I, the undersigned, on behalf of the National Federation of _ the information provided in this report is a true and honest re preparation grant for the athlete concerned.		by certify that Olympic
Name, function and signature:	Date:	Stamp
NATIONAL OLYMPIC COMMITTEE I, the undersigned, President/Secretary General on behalf coertify that the information provided in this report is a true are Olympic preparation grant for the athlete concerned and the financial accuracy of this statement:	nd honest representation of	the use of
Name, function (President or Secretary General) and signature:	Date:	Stamp

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