



# Application form O-Ringen Academy

Please type or complete in CAPITAL LETTERS.

Federation (if no federation, just write the name of your country)

## CONTACT PERSON

Last name	First name
Mailing address	
Postal code and city	Country
Telephone number(s) including the country code	
Email	

## ACADEMY PARTICIPANTS

Participant 1:	
Last name:	
First name(s):	
Date and place of birth:	
Category for O-Ringen	
Passport expiry date:	
Participant 2:	
Last name:	
First name(s):	
Date and place of birth:	
Category for O-Ringen	
Passport expiry date:	



TRANSPORT

I prefer to rent a car	I prefer to use the Academy transport
------------------------	---------------------------------------

Please add to this application form a short CV orienteering activity for each person.

At this link you can find more information about O-Ringen: <http://oringen.se>

Applications should be sent latest **30<sup>th</sup> April** to:

Academy responsible; Jaroslav Kacmarcik, IOF Global Development Commission:  
[jkpwt@hotmail.com](mailto:jkpwt@hotmail.com)