

## ATHLETES OF FOREIGN NATIONALITY PARTICIPATION FORM FOR THE NATIONAL INDIVIDUAL COMPETITIONS

(French Health Qigong Open)

| <u>Athlete</u>                 |                                     |                                      |   |   |
|--------------------------------|-------------------------------------|--------------------------------------|---|---|
| Surname:                       |                                     |                                      | First name                                | :   |
| Date of birth:                 | Date of birth:                      |                                      | Gender                                    | :   |
| Address:                       | Address:                            |                                      | Country                                   | :   |
| Email:                         | Email:                              |                                      | Mobile number                             | :   |
| For the athle<br>Name and      | tes with only one                   | e license, please                    | Membersh                                  |   |
| number of club:                |                                     |                                      | number of th<br>athlet                    |   |
|                                |                                     |                                      | armer                                     | e:  |
| Name of the co                 | mpetitions                          | Participation                        | <b>on</b> (yes or no)                     | Age and weight categoric  |
| French Health Qigo             |                                     | i articipati                         | en ges en me,                             | , igo ana woight categoris  |
| "After the pa<br>email remind  |                                     | rticipation fee fo<br>10 days before | each competition,                         | □ bank transfer  petitions, please send an so that our competition                |
| The athletes<br>affiliated wit | h the FFK can pa<br>tion fee of 50€ | articipate to the                    | French Open of this                       | pership in a french club<br>sport season by fulfilling<br>puping the whole of the |
|                                | f the club will ha                  |                                      | pecific document by ate.fr/calendrier/cou | following this link:<br>pe-de-france-qi-gong-4/                                   |
|                                |                                     |                                      |   | at@wushuffk.fr_or send it<br>e participation fee of 50€.                          |
|                                |                                     |                                      |   | resented the day of the rench nationality have to                                 |
|                                | e:<br>the athlete (or o             |                                      | sentative for under 1                     | 8 athlete)  |

Please, make sure to complete one participation form per athlete.