



4th World Deaf Bowling Championships
Taoyuan, Chinese Taipei
03-12 August 2019

FINAL REGISTRATION FORM

NATION: _____

We confirm our final entry in the 2019 World Deaf Bowling Championships with names below:

MEN 

	FAMILY NAME	First Name	Date of Birth (Day Month Year)	ICSD ID #
1.				
2.				
3.				
4.				
5.				
6.				

WOMEN 

	FAMILY NAME	First Name	Date of Birth (Day Month Year)	ICSD ID #
1.				
2.				
3.				
4.				
5.				
6.				

NOTE: Team leader is responsible to inform the list of bowlers' names who will team up together for the trios event to the Technical Committee the day before.

Be advised that in team event, in order for the RESERVE bowler to medal, he/she must attempt to bowl in the second block in team event competition.

OFFICIALS

#	FAMILY NAME	Given Name	¹ Gender	Date of Birth (Day Month Year)	² Role
1.					
2.					
3.					
4.					
5.					

¹Gender: **M** = Male **F** = Female

²Role: 1. Head Coach
 2. Assistant Coach
 3. Leader/Director/Manager
 4. Interpreter
 5. Medical (*doctor, nurse, trainer, masseuse, first aid worker, physiotherapist*)

DECLARATION

We and our athletes declare that we have read the eligibility conditions for the Deaf World Championships and that we will comply with them. We agree to be filmed or photographed during the World Deaf Bowling Championships for the purposes authorized by the ICSD.

We hereby certify that the all named athletes are DEAF, citizens of our country, and that they are registered under appropriate gender.

President

Secretary General

/ / 2019
Date

This **FINAL REGISTRATION FORM** must be received by the
ICSD Secretariat and Technical Director - Bowling by e-mail
office@ciss.org & td-bowling@ciss.org
BY 03 JULY 2019