

## FORM C – Athlete Registration

☐ Please check if this person is an Alternate (Substitute/Reserve)

(Please print in ink using block letters or type)

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(If you are not using digital photos, attach 2 passport size photos)

Delegation																				SO Region													
Name: Last/Family										First										Middle Initial		Gender: M/F											
Address																																	
City										State/Province										Country													
Date of Birth: dd-mm-yyyy																																	
Nationality															Place of Birth																		
Passport Number															Passport Expiration Date: dd-mm-yyyy																		

Wheelchair: ☐ Yes ☐ No

Allergies: (list)


Dietary Restrictions: (list)
