**COURSE REGISTRATION FORM**

|  |
| --- |
| Applicant’s Details  |
| Name |  | Surname |  |
| Date of Birth |  | Nationality |  |
| Female | [ ]  | Male | [ ]  |
| FEI ID |  | Email |  |
| Phone No.  |  | Mobile No.  |  |
| Address  |  |

|  |
| --- |
| Course Details  |
| Name of the course  |  | Date of the course  |  |
| Level of the course  |  | Function of the course |  |
| I attend this course for | [ ]  Transfer up to the next Level (Please also attach the respective application form for transfer up)[ ]  Status Maintenance (In-Person course every 3 years) [ ]  Re-Listing [ ]  Personal interest  |
| Any other comment  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Applicant’s Signature |  |

 **FOR THE NATIONAL FEDERATION’S USE ONLY**

The National Federation of  hereby certifies that  is fulfilling all the requirements to attend the Course.

NF Official Representative

|  |  |
| --- | --- |
| Name |  |
| Date  |  |
| Stamp and Signature |  |

*Please return the completed, stamped and signed application form to the FEI Vaulting Department by email to* *VaultingOfficials@fei.org**. Acceptance or refusal will be confirmed in writing to the NF representative and participant.*