

THE 9th ASIAN WUSHU CHAMPIONSHIP FINAL ENTRY FORM (TAOLU)

Name of the Association: _____

Name of the Team Manager: _____

Name of the Coach: _____

Doctor: _____

Observer: _____

Athletes (Please complete with CAPITAL LETTERS, and underline the SURNAME of the athlete):

NO	ATHLETE'S NAME	SEX	AGE	PLEASE CIRCLE THE CODE OF PARTICIPATING EVENT
1				1 2 3 4 5 6 7 8 9 10 11 12
2				1 2 3 4 5 6 7 8 9 10 11 12
3				1 2 3 4 5 6 7 8 9 10 11 12
4				1 2 3 4 5 6 7 8 9 10 11 12
5				1 2 3 4 5 6 7 8 9 10 11 12
6				1 2 3 4 5 6 7 8 9 10 11 12
7				1 2 3 4 5 6 7 8 9 10 11 12
8				1 2 3 4 5 6 7 8 9 10 11 12
9				1 2 3 4 5 6 7 8 9 10 11 12
10				1 2 3 4 5 6 7 8 9 10 11 12
11				1 2 3 4 5 6 7 8 9 10 11 12
12				1 2 3 4 5 6 7 8 9 10 11 12
Name of Dual Events (Men)			Athletes name	
Name of Dual Events (Women)			Athletes name	
Double Taijiquan			Athletes name	

Code: 1 - Changquan, 2 - Nanquan, 3 - Taijiquan, 4 - Jianshu, 5 - Daoshu, 6 - Taijijian, 7 - Nandao, 8 - Qiangshu, 9 - Gunshu, 10 - Nangun, 11 - Double Taijiquan, 12 - Dual Events

Remarks: This form must be submitted to Chinese Taipei Wushu Federation and WFA Secretariat no later than 24:00 August 1st, 2016 (Taipei time).

FLIGHT DETAILS

ARRIVE TAOYUAN CITY

DEPART TAOYUAN CITY

DATE: _____

DATE: _____

TIME: _____

TIME: _____

FLIGHT NO.: _____

FLIGHT NO.: _____

Signature of President / Secretary General
(With Federation Chop)

Date

THE 9th ASIAN WUSHU CHAMPIONSHIP FINAL ENTRY FORM (MEN SANDA)

Name of the Association: _____

Name of the Team Manager: _____

Name of the Coach: _____

Doctor: _____

Observer: _____

Athletes (Please complete with CAPITAL LETTERS, and underline the SURNAME of the athlete):

NO	ATHLETE'S NAME	SEX	AGE	CATEGORY
1				
2				
3				
4				
5				
6				
7				

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FLIGHT DETAILS

ARRIVE TAOYUAN CITY

DATE: _____

TIME: _____

FLIGHT NO.: _____

DEPART TAOYUAN CITY

DATE: _____

TIME: _____

FLIGHT NO.: _____

Signature of President / Secretary General
(With Federation Chop)

Date

THE 9th ASIAN WUSHU CHAMPIONSHIP FINAL ENTRY FORM (WOMEN SANDA)

Name of the Association: _____

Name of the Team Manager: _____

Name of the Coach: _____

Doctor: _____

Observer: _____

Athletes (Please complete with CAPITAL LETTERS, and underline the SURNAME of the athlete):

NO	ATHLETE'S NAME	SEX	AGE	CATEGORY
1				
2				
3				
4				
5				

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FLIGHT DETAILS

ARRIVE TAOYUAN CITY

DEPART TAOYUAN CITY

DATE: _____

DATE: _____

TIME: _____

TIME: _____

FLIGHT NO.: _____

FLIGHT NO.: _____

Signature of President / Secretary General
(With Federation Chop)

Date

THE 9th ASIAN WUSHU CHAMPIONSHIP FINAL ENTRY FORM (HOSPITALITY)

Name of the Association: _____

Address: _____

Telephone No: _____ Fax No: _____

Contact Person: _____

Reservation details:

ROOM (S) REQUIRED	GUEST NAME	DATE OF BIRTH	PASSPORT NO.	NATIONALITY	ARRIVAL	DEPARTURE	TOTAL DAYS	TOTAL AMOUNT
1	A) B)							
2	A) B)							
3	A) B)							
4	A) B)							
5	A) B)							
TOTAL: USD								

Remarks: This form must be submitted to The 9th Asian Wushu Championships Organizing Committee and WFA Secretariat no later than 24:00 August 1st, 2016 (Taipei time).

Account Name: Chinese Taipei Wushu Federation **Account Number:** 14710116811 **Bank Name:** First Commercial Bank, Taipei, Taiwan

Bank Telephone: +886-2-2719-2009 **Bank Address:** No. 365, Fuxing N Rd, Taipei City, Taiwan **Bank SWIFT Code:** FCBKWTWP

The 9th Asian Wushu Championships Organizing Committee

Address: Room 706, 20 Chu Lun Street, Taipei 10489

Tel: +886 227 316 794

Fax: +886 227 310 023

E-mail: kfroc@hotmail.com

Signature of President / Secretary General (With Federation Chop)

Date

THE 9th ASIAN WUSHU CHAMPIONSHIP FINAL ENTRY FORM (HOSPITALITY)

Name of the Association: _____

Address: _____

Telephone No: _____ Fax No: _____

Contact Person: _____

Reservation details:

ROOM (S) REQUIRED	GUEST NAME	DATE OF BIRTH	PASSPORT NO.	NATIONALITY	ARRIVAL	DEPARTURE	TOTAL DAYS	TOTAL AMOUNT
6	A) B)							
7	A) B)							
8	A) B)							
9	A) B)							
10	A) B)							
TOTAL: USD								

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Signature of President / Secretary General (With Federation Chop)

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