Supplement No. 1

**APPLICATION**

**for participation in the International Kyokushin Competition “CUP OF FELLOWSHIP”**

**among Teenage Boys and Girls, Junior Men and Women, Men and Women**

**April 21-24, 2023**

**dated** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(organization, constituent territory of the Russian Federation.)

**Team representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Surname, given name, patronymic in full) (numbers only, no spaces or dashes)

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| **No.** | **Sex** | **Surname, given name, patronymic (in full)** | **Date of birth (full)** | **Style qualification (kyu, dan)** | **Exact weight** | **Discipline/**  **Category** | **Coach(es)**  **(Surname,**  **given name, patronymic in full)** | **Admission**  **of the Doctor** |
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**Total number of athletes allowed entering the competition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(in words)

**Seal of the medical organization and doctor’s signature \_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ place of seal

(in words) (surname and initials of the doctor, date of admission)

**Seal and signature of the head of the federation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** place of seal

(in words) (position, surname and initials)