



IBSA NOMINATION FORM

This form should be completed and returned to:

Mr. Henk van Aller
Secretary General
IBSA International Blind Sports Federation

Nijenheim 24-19
3704 VJ Zeist
The Netherlands

Telephone: +31 6 44 830 820

Email: secgen@ibsasport.org

COUNTRY SUBMITTING NOMINATION:

NAME OF NATIONAL FEDERATION SUPPORTING THE NOMINATION	
NAME AND SURNAME OF THE NOMINEE	
DATE OF BIRTH	
NATIONALITY	



ADDRESS : _____ _____	
Tel : _____ Fax : _____ E-mail : _____	
ARE YOU BLIND OR VISUALLY IMPAIRED?	YES NO
POSITION YOU ARE NOMINATED FOR: (Please annex curriculum and any other Information of interest)	
<u>YOUR NATIONAL FEDERATION ACCORDING TO ITS OWN POSSIBILITIES UNDERTAKES FORMALLY TO SUPPORT YOU FINANCIALLY FOR ALL THE EXPENSES INCURRED FOR YOUR POST</u>	

SIGNATURE OF THE NOMINEE:

NAME AND SIGNATURE OF PRESIDENT/VICE PRESIDENT OF NATIONAL FEDERATION SUPPORTING THE NOMINATION:
