

**CLASSIFICATION COURSE
PARTICIPANT'S APPLICATION FORM**

Family Name	
Given Name	
Profession	
Scanned document of the Medical/Physiotherapy qualification Certificate attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nationality	
Date of Birth	
Address	Street
	Number
	Postal Code
	City/Country
Contact Number	
Email address	
Date of submission	
NPC's Person name, Signature & Position	
NPC's Stamp	

The form must be returned **no later than 29 May 2011** to IPC Shooting at ipcshooting@paralympic.org or by fax at +49 228 2097209