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| **National Olympic Committee** |  |

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| Athlete’s family name |  | Athlete’s given name(s) |  |
| Sport |  |
| Discipline |  |

|  |  |
| --- | --- |
| Budget allocated to activity (as per OS allocation letter) |  |

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| --- | --- | --- | --- |
| N° | Dates | Competition name and location | Qualification obtainedYes/No |
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I, the undersigned, President/Secretary General, of the above-mentioned NOC,
certify that the information provided above is true and accurate.

Stamp

Name, function (President or Secretary General) and signature: Date: