



TEAM OFFICIAL NOMINATION FORM



SPORT: _____

FEDERATION: _____

TEAM OFFICIAL TITLE: _____

(Coach, Asst. Coach, Manager, etc.)

(PLEASE FILL OUT COMPLETELY & TYPE/PRINT)

DATE: _____

CURRENT ADDRESS: _____
(NOT P.O. BOX)

HOME NUMBER: _____

WORK NUMBER: _____

MOBILE NUMBER.: _____

EMAIL ADDRESS: _____

GENDER: ☐ MALE ☐ FEMALE

HEIGHT: _____ ft. _____ in. _____ cm.

WEIGHT: _____ lbs. _____ kgs.

COACHING CERTIFICATION (MANDATORY)	
COURSES, SCHOOL, LEVEL OF COMPLETION	YEAR

PASSPORT INFORMATION (MANDATORY)							
FULL NAME: (AS SHOWN ON PASSPORT)							
DATE OF BIRTH:	DD	MM	YYYY	NATIONALITY: (AS SHOWN ON PASSPORT)			
CITY OF BIRTH:							
COUNTRY OF BIRTH:							
PASSPORT NUMBER:							
EXPIRATION DATE:	DD	MM	YYYY				

COACHING EXPERIENCE (list International & local competitions)		
YEAR	LIST OF COMPETITION(S) and/or EVENTS	CITY/COUNTRY

EMERGENCY CONTACT INFORMATION	
CONTACT PERSON: _____	INSURANCE PROVIDER: _____
RELATIONSHIP: _____	POLICY NUMBER: _____
HOME NUMBER: _____	PHYSICIAN: _____
WORK NUMBER: _____	CLINIC: _____
MOBILE NUMBER: _____	CONTACT NUMBER: _____
EMAIL ADDRESS: _____	BLOOD TYPE: _____
CURRENT ADDRESS: _____ (NOT P.O. BOX)	ALLERGIES: _____
	MEDICAL CONDITION(S): _____

2024 TEAM GUAM EVENTS (Check appropriate box or boxes)

☐ Paris2024 Olympic Games

UNIFORM SIZES

WARM UP UNIFORM: Warm Up Uniform S POLO SHIRT: Polo Shirt Size DRESS SHIRT/TOP: Dress Shirt/Top S T-SHIRT: T-Shirt Size

MEN'S WAIST SIZE: WOMEN'S WAIST SIZE: WOMEN'S DRESS SIZE:

ACKNOWLEDGEMENT

By signing the Team Official's Nomination form, I certify that the information provided is true and correct. I give my consent to the NOC, host country and Games Organizing Committee to use my information provided for accreditation purposes. I also understand that this form authorizes the Guam National Olympic Committee's assigned team medical official to administer treatment.

Team Official's Signature _____ Date _____