

International Olympic Academy Participants Association Country Representative Form

Please fill in the form and send it to IOAPA Country Coordinator Vita Balsyte <u>vita@ioapa.org</u>
All provided information will be strictly used for IOAPA internal purposes.

A. Personal Information Ms. Mr. Other Mrs. Dr. Last Name First Name Postal Address City Country Zip Code Telephone number (including country code) Mobile number (including country code) E-mail 1 E-mail 1 (verification) Email 2 (optional) E-mail 2 (verification) Website Facebook Linkedin Nationality Date of Birth B. Participation at the IOA

Year(s)	Session (e.g. Young Participants, Directors, Postgraduate, IOAPA etc.)	Position (Participant, Coordinator, Lecturer)

C. Background Information

Current Occupation			
Educational Background			
Sporting Background			
Areas of Expertise			
Other Interests/ Other information			
Do you have any position at NOA/NOC/NF/IF/IOC?	☐ Yes	□ No	
If yes, please state your position(s)			
D. Letter of Metivation			
D. Letter of Motivation			
Please state your reasons and motivation to become Country Representative and provide and action plan for the National IOAPA (up to 400 words).			
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Thank you for your cooperation!