Advanced Sport Management Courses

Participant Application Form

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| Last name: | First name: |
| Gender (circle one): M/F | |
| Address for correspondence: | Telephone:  Fax:  E-mail address: |
| Organisation: | Function: |
| Main responsibilities: | |

Education and professional training   
(please emphasise training or education in sport management):

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| --- | --- | --- |
| **Degree or course (indicate field of study)** | **Institution** | **Date** |
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Professional experience

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| **Organisation** | **Position** | **Main responsibilities** | **Dates** |
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| *Sport experience* |
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| *Why do you wish to participate in the course?* |
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Requirements

* Curriculum Vitae,
* Application letter,
* Academic Certificates, and
* Recommendation letter from the organisation supporting your candidacy for the course.

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| Signature: | Date: |