

Minimal Disability Application

NOWB:			
Contact Name:			
Address:			
E-mail:		Phone:	

We hereby apply for the Minimal Disability consideration of:

Athlete`s First Name:			
Last Name:			
Gender:	male		female
Date of Birth (DD/MM/YYYY):			
Nationality:			

Reason for Minimal Disability Application (please attach extra page if more space needed):

Date Signature

The procedure for requesting determination of eligibility will be administered according the IWBF Internal Regulations - Section F - Classification and the Official Player Classification Manual.

Please note that according F 4.4.2 of IWBF Internal Regulations IWBF reserves the right to take up to three (3) months from the date that all relevant documentation has been received to complete the process of review and render a decision.

According to F 4.3.1 NOWBs wishing to register a new player under the Minimal Disability Criteria as defined in the Official Player Classification Manual must submit full details to the Secretary General of IWBF on the approved form along with the rationale why they believe the player is eligible.

**This form should be returned with all application documents via e-mail to:
Norbert Kucera, Secretary General, IWBF: Norbert.Kucera@iwbf.org**