

**RECOMMENDATION REQUEST FORM
FOR SUBMISSION TO SPORTCONSILIUM**

1. If the requesting party is an athlete

SURNAME:
FIRST NAME:
DATE OF BIRTH:
ADDRESS:

IN CASE OF MINOR:

1. SURNAME & FORENAMES OF PARENTS/LEGAL REPRESENTATIVES:

ADDRESS: _____

2.

ADDRESS: _____

e-mail address of contact: _____

CLUB (FULL REGISTERED NAME):

2. If the requesting party is a recognised federation OR a club affiliated to a recognised federation

NAME:
CBE no.:
REGISTERED OFFICE:
ID no.:
REPRESENTED BY:

STATEMENT OF THE RELEVANT FACTS:

Date of events:

Location:

Sport concerned:

what happened?

WHAT IS YOUR QUESTION?

I the undersigned, Mr/Mrs _____, declare that:

- (1) this request has been written in a sincere, exact and complete fashion;**
- (2) the events described are not the subject of any form of complaint or proceedings;**
- (3) I agree to be contacted at the e-mail address provided if more information is required;**
- (4) I have familiarised myself with and expressly accept the Regulations of SportConsilium;**
- (5) I have attached / have not attached supporting documentation to this request – delete as appropriate**

Date :

Signature of requesting party and/or of their legal representatives and/or of the representative of the club or federation: