



# Application for Certificate of Authorization

Name of Host Federation:

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City:

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Country:

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Opening Date:

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*Day / Month / Year*

Closing Date:

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*Day / Month / Year*

Type of Sport:

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Name of Event:

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Gender:  Male       Female       Both

Type of Competition:  Open       Cup       Friendship       Invitation

Select Regional Involvement:  African       Americas       Asia Pacific       Europeans

List of Countries Participating:

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Comments/Description:

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Please fill out the form above completely. Email this form to ICSD home office to **office@ciss.org** at least three (3) month before the start date of competition.