



Application for Certificate of Authorization

Name of Host Federation:

City:

Country:

Opening Date:

Day / Month / Year

Closing Date:

Day / Month / Year

Type of Sport:

Name of Event:

Gender: Male Female Both

Type of Competition: Open Cup Friendship Invitation

Select Regional Involvement: African Asia Pacific European Americas

List of Countries Participating:

Comments/Description:

Please fill out the form above completely. Fax this form to ICSD home office at
+1 301 620 2990 at least one month before the start date of competition.