



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 Americas Asia Pacific Europeans

List of Countries Participating:

Comments/Description:

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.