



# TAFISA Patronage



## Application Form

Please return this form to:

TAFISA Office  
Mainzer Landstrasse 153, Dienstleistungszentrum,  
60261 Frankfurt am Main, Germany  
Fax: +49 (0) 69 97 39 35 99 25, Email: [info@tafisa.net](mailto:info@tafisa.net)

**Office Use Only**

Date Received: \_\_\_\_\_

Approved/Rejected: \_\_\_\_\_

### Details of Organiser:

Organisation: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: + \_\_\_\_\_ E-mail: \_\_\_\_\_  
Fax: + \_\_\_\_\_ Website: \_\_\_\_\_

### Details of Event:

Event Title: \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Event: \_\_\_\_\_  
Major Target Group: \_\_\_\_\_  
Expected No. Participants: \_\_\_\_\_ % Male: \_\_\_\_\_ % Female: \_\_\_\_\_  
Participant Age Range: \_\_\_\_\_ Number of Countries: \_\_\_\_\_  
Other Participant Information: \_\_\_\_\_  
Key Speakers/Attendees: \_\_\_\_\_  
Event Aim(s) & Relationship to Sport for All and Physical Activity (SAPA):  
\_\_\_\_\_  
\_\_\_\_\_

**O Acknowledgement and acceptance of the TAFISA Patronage Guidelines**

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_