



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

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):

Acknowledgement and acceptance of the TAFISA Patronage Guidelines

Other Comments: _____

Signature: _____ Date: _____