

## Registration & Good Practice Form

**Please submit the completed form and any attachments to:**

TAFISA  
Mainzer Landstrasse 153  
D-60261 Frankfurt am Main  
Germany

Fax: +49 (0) 69 97 39 35 99 25  
Email: [info@tafisa.net](mailto:info@tafisa.net)  
Website: <http://triple-ac.net>

### Part A – Applicant Details

1. Name of City / Community:

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2. Population:

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3. Country:

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4. Organisation (if different  
from City/Community:

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5. Contact Name:

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6. Position:

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7. Address:

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8. Phone:

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9. Fax:

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10: Email:

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11: Website:

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## Part B – Good Practice Description

If you have more than one Good Practice, please use **one Registration Form for each** Good Practice you submit.

12. Success Area:
- |  |  |
|--|--|
| <input type="checkbox"/> Knowledge & Awareness                           | <input type="checkbox"/> Cooperation & Partnership |
| <input type="checkbox"/> Programs & Events                               | <input type="checkbox"/> Spaces & Places           |
| <input type="checkbox"/> Monitoring, Evaluation & Continuous Improvement |  |

13. Title of Good Practice:

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14. Website/Link (if any)  
of Good Practice:

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15. Please give an outline of your Good Practice and if necessary, please use extra pages to explain in detail.

- *Target group (children, seniors, all ages etc.):* \_\_\_\_\_
- *Timeframe (Duration/date):* \_\_\_\_\_
- *Location/venue:* \_\_\_\_\_
- *Number of participants / Reach:* \_\_\_\_\_
- *Mission:* \_\_\_\_\_  
\_\_\_\_\_
- *Highlight:* \_\_\_\_\_  
\_\_\_\_\_
- *Total budget:* \_\_\_\_\_
- *Funding/resources:* \_\_\_\_\_
- *Sponsors or partners (if any):* \_\_\_\_\_



- *Results the Good Practice:*

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16. I have attached additional materials (brochure, factsheet, DVD, photos, press clippings etc.)

Yes

No

17. Any Other Comments:

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I/we hereby agree that the information submitted is correct and TAFISA may include our Good Practice information on its website and other Triple AC program materials.

18. Signature/Stamp:

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19. Date:

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