**IOF Asian Trail Orienteering Event Advisers’ Clinic**

**Hong Kong, 8-10 Dec 2017**

**Entry form**

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| --- | --- |
| Name : |  |
| Federation: |  |
| Full postal address : |  |
| Email : |  |
| Mobile telephone no (including country code): |  |
| Positions held in trail orienteering:  (e.g. grade of controller, committee membership) |  |
| Previous experience in trail orienteering: |  |
| Confirmation of approval of your attendance at this clinic by the national federation: |  |
| Your topic of interest about Trail O |  |

Please send this form to info@oahk.org.hk by 25th Nov 2017.