



NCCWMA
WORLD MASTERS ATHLETICS
IN COOPERATION WITH THE IAAF

XVII NCCWMA MASTERS CHAMPIONSHIPS
GUATEMALA CITY, GUATEMALA
AUGUST 24-27, 2006
(registration deadline: July 31, 2006)

Apellido/Last Name	Nombre/First Name	Inicial 2do. Nombre/Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Masculino/Male

Femenino/Female

Día/Day

Mes/Month

Año/Year

Fecha de Nacimiento/Date of Birth: / /

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SEND COPY OF PASSPORT OR BIRTH CERTIFICATE WITH PAYMENT AND REGISTRATION FORM.

País que representa/Country you represent

Dirección Postal/Street Address (mailing address)

Ciudad/City

Estado o Provincia/State

P.O. Box

País/Country

Código Postal/Zip Code

Teléfono/Telephone Number:

Residencial/Home

Trabajo/Office

Fax No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Código del País
Country Code

Código del Area
Area Code

Número
Number

Número
Number

Número
Number

e-mail/e-mail address:

Federación/Association

Número de Miembro

USATF No./CMAA No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Costo de Inscripción/Entry Fees

?	Importe a NCCWMA/NCCWMA Fee			US\$	7.00
?	Primer Event (exclue E. Multiples)/First Event (exclude multievents)			US\$	20.00
?	Eventos Adicionales/Additional Event(s)	<input type="text"/>	x	US\$10.00	US\$ <input type="text"/>
?	Péntalon/Pentathlon	<input type="text"/>	x	US\$30.00	US\$ <input type="text"/>
?	Péntalon de Fuerza/Weight Pentathlon	<input type="text"/>	x	US\$30.00	US\$ <input type="text"/>
?	Libro de Resultados/Results Book	<input type="text"/>	x	US\$10.00	US\$ <input type="text"/>
?	Actividad Social/Party	<input type="text"/>	x	US\$20.00	US\$ <input type="text"/>
Items below are optional:					
?	Albergue/Hostel lodging (Includes: bed linens, 1 change of sheets every two days)	(<input type="text"/> días/days)	x	US\$5.00/day	US\$ <input type="text"/>
	• Albergue/Hostel lodging/linen change every day (extra charge per day)	(<input type="text"/> días/days)	x	US\$2.00/day	US\$ <input type="text"/>
	• Desayuno en Albergue/Hostel Breakfast	(<input type="text"/> días/days)	x	US\$5.00/day	US\$ <input type="text"/>
	• Cena en Albergue/Hostel evening meal	(<input type="text"/> días/days)	x	US\$5.00/day	US\$ <input type="text"/>
?	Seguro Médico/Medical Insurance			US\$9.00	US\$ <input type="text"/>
	TOTAL			US\$	US\$ <input type="text"/>

Seguro Médico/Health Insurance

Note: The available medical insurance is valid from 1 minute after midnight beginning of 8/22/2006 to midnight 8/28/2006 and pays US\$13,000 for accidental death and accidental disability, as well as up to US\$1,300 for medical expenses. Insurance will be available if a minimum of 50 athletes sign up.

PAGO/PAYMENT:

NOTE THAT CREDIT CARD PAYMENTS WILL BE CHARGED 6% EXTRA Payment may be by US dollar money order or credit card (Master Card, Visa or American Express only). If using a money order, make money order payable to: **AMAGUATE**. For credit cards, please supply following information:

Visa () Master Card () American Express ()

Expiration Date: / /

Credit Card Number: _____

Signature: _____

Date: _____