NATIONAL TRAINER COURSE – INWA 2017

IJMUIDEN (NETHERLANDS) – 24, 25 and 26th March 2017

APPLICATION FORM

**NATIONAL NORDIC WALKING ASSOCIATION DETAILS**

Name of the Organisation:

Address:

Phone number:

E-mail address:

Web page:

**PARTICIPANT DETAILS**

Name and Second name::

Date of birth:

Education:

Experience in Nordic Walking /other sports:

Contact details:

Phone number:

E-mail address:

Please return to info@inwa-nordicwalking.com