

## Nagoya Women's Wheelchair Marathon 2018 Application Form

Name		Date of Birth	
		/ / ※day/month/year	
Age	Nationality	Height (cm)	Weight (kg)
Address			
Phone Number			
E-mail			

	Qualification Record (after March 1, 2012)	Personal Best Record
Record		
Competition		
City		
Date of Competition	/ /	/ /
Place		
Will you take part in course preview on March 10 <sup>th</sup> (Sat.)?	Size of Finisher's T-shirt	
Yes / No	S / M / L	

### <Oath>

I understand that the Organizers shall not be held responsible for any sickness, loss of personal belongings, or any other accident, beyond the administration of emergency first-aid relief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_