***Appendix 1***

\_\_\_\_ \_\_\_\_\_\_\_\_\_2019

**APPLICATION FORM**

**for participation in the Olympic Hope Cycling Grand Prix among preschoolers**

I (parent’s full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby request to add my child to the list of participants to the Olympic Hope Grand Prix cycling race among preschoolers for the prizes of the Republican State Budget-Supported Enterprise “Olympic Training Cycling Center”, which will be held on September 21, 2019 in Saryarka Velodrome

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (full years) \_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_ Participant’s gender \_\_\_\_\_\_\_\_\_\_\_\_\_

**I have been informed and warned about possible injuries during the competition, ready to fulfill all the competition conditions.**

Signature and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_