**Application Form**

**EDSO Sport Director**

|  |  |  |  |
| --- | --- | --- | --- |
| **I wish to propose** |  | **to become an EDSO Director** |  |
|  | **SPORT:** | **Padel** |  |

|  |  |
| --- | --- |
| First Name: |  |
| Middle name: |  |
| Surname: |  |
| Address: |  |
| Country: |  |
| Mobil Number: |  |
| E-mail: |  |
|  |
| Date and Stamp: |  |
| Federation:  |  |
| President Signature: |  |
| Secretary Signature: |  |

Please make sure you include:

* YOUR RESUME or C.V. (Curriculum Vitae)
* YOUR LETTER OF INTEREST
* Photograph (Recent pass picture)
* Video max 2 min; why you want to become to be an EDSO Director Padel

**PLEASE scanned form or in PDF file send to**

**Norbert Hensen – email** **hensen@edso.eu** **and**

**Cc: EDSO Secretary General – email** **secretary@edso.eu**

**Deadline of submit - 15 JUNE 2023**