Attachment 3:

**Application Form of the 3rd China International Health Qigong Tournament and Exchange**

Country or Region: Team Name: Leader:  Gender: Coach: Gender:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | Birth date | Passport Number | Individual Competition | | | | | | Group Competition | | | | | |
| Yi Jin Jing | Wu Qin Xi | Liu Zi Jue | Ba Duan Jin | Da  Wu | Taiji  Yang  Sheng  Zhang | Yi Jin Jing | Wu Qin Xi | Liu Zi Jue | Ba Duan Jin | Da  Wu | Taiji  Yang  Sheng  Zhang |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

★Draw √ in the tournament box;

★This form can be copied for use

★This table should be sent to International Liaison Department of Chinese Health Qigong Association before 3/7/2018.

Contacts: Phones： Fax： E-mail：

Attachment 4:

The 3rd China International Health Qigong Tournament and Exchange

Arrival & departure Information Table

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Arrival date | Train information（air information） | departure date | Train information（air information） | Contact Details |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

Country or Region: Team Name: Leader:

★This table should be sent to International Liaison Department of Chinese Health Qigong Association before 3/7/2018.

Contacts: Phones： Fax： E-mail：