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| 1. **MEMBER NATIONAL ASSOCIATION INFORMATION** | | | | | | | | |
| Country Name: | | |  | | | | | |
| Name of National Association: | | |  | | | | | |
| Tier of MNA: | | | Tier l  Tier ll  Tier lll | | | | | |
| Name of President: | | |  | | | | | |
| Postal Address: | | |  | | | | | |
| Contact Number: | | |  | | | | | |
| Office Email Address: | | |  | | | | | |
| Contact details of person in charge of this application | | | Name | Position | | Email | | Contact Number |
|  |  | |  | |  |
| 1. **Competition 2025** | | | | | | | | |
| Title of Scheduled competition | | |  | | | | | |
| Estimated start date | | |  | | | | | |
| 1. **EQUIPEMENT REQUESTED** | | | | | | | | |
| Please refer to the list of WT-recognized companies, products and product codes.  <http://www.worldtaekwondo.org/wtpartners-wt/recognize.html> | | | | | | | | |
| *Note: Please list your desired equipment amounting to US$10,000 (including estimated shipping expenses) in the order of priority to your MNA. To save delivery costs, it is recommended that you choose one supplier company instead of multiple companies.* | | | | | | | | |
| Quantity | Item | | | | Company | | Product code | |
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| 1. **AUTHORIZATION** | | | | | | | | |
| Name and Signature  of President | |  | | | | | | |
| 1. **SUBMISSION** | | | | | | | | |
| Please fill and submit this application to the WT Development & Education Department through ([development@worldtaekwondo.org](mailto:development@worldtaekwondo.org)) by January 31, 2025. | | | | | | | | |
| 1. **ELIGIBILITY / QUALIFICATION** | | | | | | | | |
| Please read carefully the [WT Guidelines of Development Program 2025](http://www.worldtaekwondo.org/development-wt/aboutwtdp.html) to check eligibility of your MNA for this program. | | | | | | | | |

**Shipping Information Form**

Please fill out this form and submit it to WT Development & Education Department [development@worldtaekwondo.org](mailto:development@worldtaekwondo.org).

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| Name of your Member National Association: |  |
| Name of the camp: |  |
| Recipient/Coordinator: |  |
| Shipping Address: |  |
| Office Number: |  |
| Phone Number: |  |
| Email Address: |  |

**Notes for any request for shipment**

|  |  |
| --- | --- |
| Member National Association: |  |