

FORM A-1:	(Items #1 to #8)	Complete in the system before March 15, 2009.
FORM A-2:	(Items #9, #10)	Complete in the system before May 15, 2009.
Used by accreditation system inputting person: 8-digit accreditation system ID# “ ”		



- Mandatory field marked with red * must be filled out.
- Fill out only the items applicable to your card type. For card type, please visit: <http://acr.worldgames2009.tw/general/>

FORM A-1's example: not real person.

(Items #1 to #8)

Applicable Card Type	Item	Space/selection to fill in	Remark
Card A1,AJ Card B Card C	1. IF Passport		
1.1	* Identify Category	Athlete	Applicable to IF of 31 sports: Quotas are according to the IF Passport <input type="checkbox"/> Athlete <input type="checkbox"/> Official <input type="checkbox"/> Extra Official
1.2	* Sport		Applicable to: Official and Extra Official Detail list: Form S-G1
1.2	*Competition	Water ski, wakeboard	Applicable to : Athlete Detail list: Form S-G2
Card A-D Card S	2. Personal Information		
2.1	*Last name	LAHAYE	As appeared in your passport
2.2	*First name	RICHARD	As appeared in your passport
2.3	*Nation	PHI	Representing Country
2.4	*Date of birth	1978/06/18	YYYY/MM/DD
2.5	*Gender	Male	<input type="checkbox"/> Male <input type="checkbox"/> Female
Card A-D Card S	3. Validity		
3.1	*Valid from	2009/07/19	System default for 31 sports YYYY/MM/DD
3.2	*Valid to	2009/07/26	System default for 31 sports YYYY/MM/DD
3.3	*Category	DA	Detail list: Form A-3 YYYY/MM/DD

Card A-D Card S	4. Private		
4.1	*Private phone	+63-987654321	Please add country code.
4.2	*Private mobile	+63-987654333	Please add country code.
4.3	*Private street	66 GLENWOOD DRIVE	
4.4	*Private zip code	1234	
4.5	Private fax		
4.6	*Email	test@1234.com	
4.7	*Private city	MANILA, PHILIPPINES	
4.8	*Photo	Jpg jpg file sent separately.	1. Portrait ratio 7: 9 2. Resolution 300 dpi 3. Resolution: 210 x 270 pixels 4. File format: jpg
Card A-D Card S	5. Miscellaneous/Passport		
5.1	Display Name		
5.2	*Passport No.	RT1234567	
5.3	*Passport Expiry Date	2013/09/19	YYYY/MM/DD
5.4	*Passport Issued Date	2008/10/13	YYYY/MM/DD
5.5	*Passport Issuance Country	CANADA	5.5 must be the actual passport used clear through the customs
5.6	*Passport Nationality	CANADA	5.6 must be the actual passport used clear through the customs
Card AI, AJ Card B Card C	6. Miscellaneous/Sports		
6.1	*International Federation	IWSF	Detail list: Form S-G1
6.2	*Sport Code	TWS	Detail list: Form S-G1
Card A-D Card S	7. Miscellaneous/Admin		
7.1	*T-shirt size(Chest Measurement)	L	This data is collected for KOC to better prepare event t-shirts. <input type="checkbox"/> S (39" chest measurement) <input type="checkbox"/> M (41") <input type="checkbox"/> L (43") <input type="checkbox"/> XL (45") <input type="checkbox"/> XXL (47") <input type="checkbox"/> 3XL (49") <input type="checkbox"/> 5XL (53")
Card C	8. Miscellaneous/Result sys		
8.1	Height(cm)		
8.2	Weight(kg)		
8.3	Team position(Only if Appl.to your sport)		Please skip if not applicable.
8.4	Handedness(Only if Appl.to your sport)		Please skip if not applicable.
8.5	Team function(Only if Appl.to your sport)		Please skip if not applicable.



The World Games
2009
Kaohsiung



Mandatory field marked with * must fill out.

FORM A-2

Card A-D Card S	9. Miscellaneous/Arrival,Return		
9.1	*Departure region	2	Choose the region you depart from: 1. Europe, 2. North America, 3. Central/South America, 4. Oceania, 5. Africa, 6. Middle East, 7. Western part of South Asia (India and countries west of India) 8. Eastern part of South Asia (East of India and China) 9. Pacific Asia 10. South-East Asia
9.2	*Arrival date (Kaohsiung)	2009/07/20	YYYY/MM/DD
9.3	*Arrival time	10 :30PM	HH:MM AM/PM (Ex:10:30pm)
9.4	*Arrival airport	<input type="checkbox"/> TPE <input type="checkbox"/> KHH	Airport code : Taoyuan Airport : TPE Kaohsiung Airport : KHH
9.5	*Arrival airline/ flight code	CX-432	Ex : CI-61
9.6	*Return date	2009/07/26	YYYY/MM/DD
9.7	*Returning time	9 :25AM	HH:MM AM/PM (Ex:10:30pm)
9.8	*Returning airline / flight code	CX-431	Ex : CI-62
Card B Card C Card S	10. Miscellaneous/Insurance		
10.1	*Insured by medical/ accidental	<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO Please carry and present proof of medical and accidental insurance to the Accreditation Center.