



Wednesday 30th May 2018

COMMUNITY REGISTRATION FORM

To be returned to TAFISA no later than **Friday 30th March 2018**.

Participating Community Information:

Community:

Population:

Country:

Contact Name: Ms / Mr / Dr / Prof / Other:

Phone:

E-mail:

Fax:

Website:

Do you have a preferred rival community for your community to compete against?

Yes

No

If yes, which community?

Have you been in contact with a TAFISA member organization in your country?

Yes

No

If yes, which organization?

Has your city/community participated in WCD before?

Yes

No

If yes, against which rival?

Other Comments:

Signature:

Date:

Please return forms to:

TAFISA

▪ Tel: +49 69 97 393 59900 ▪

▪ Fax: +49 69 97 393 59925 ▪

▪ info@tafisa.org ▪ www.tafisa.org ▪