



Wednesday 29th May 2019

COMMUNITY REGISTRATION FORM

To be returned to TAFISA no later than Friday 29th March 2019.

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?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, which community?	
Have you been in contact with a TAFISA member organization in your country?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, which organization?	
Has your city/community participated in WCD before?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, against which rival?	

Other Comments:

Signature:

Date:

Please return forms to:

TAFISA

- Tel: +49 69 9739 3599 0 ▪
- Fax: +49 69 9739 3599 5 ▪
- info@tafisa.org ▪ www.tafisa.org ▪