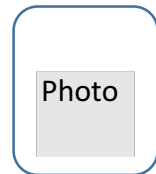




AOWR-NOMINATION FORM



***Applicant Full Name Including Title:**

() Mr. () Miss () Mrs. () Dr. () Others

***First Name** _____ ***Last Name** _____

***Email** _____ ***Phone No.** _____

(*Country code and Phone number)

***Date of Birth** ____ / ____ / ____ ***Nationality** _____

***Tick on the Type of Records you wish to take part.**

- () 1. New World Records. () 2. Break an existing World Record.
 () 3. Group World Records. () 4. Nomination for title of “Amazingly Olympian”.

***Name of Organisation/Institute** _____

***Your status in Organisation/Institute?**

() Employee () Student () Owner () Other

***Resident Address (includes city, state, country and zip code)?** _____

***Date of Official Attempt** ____ / ____ / ____ **Country of Attempt** _____

***What is your Record Title Category?**

() Male. () Female. () Male under-16 y/o () Female under 16 y/o () Other _____

***Note: Are you under 16-year-old?** () YES () NO

If Under-16! Submit Parents Approval Later (Letter of responsibility health of life risk with parent’s signatures with notary attestation) Submit your letter attached with this form.

***What is Record Title Name?** (Short answer text only)

***Describe about your record:** _____

***What is your current record’s measurements hh/mm/ss?** (Short answer text only)

***Submit the Payment Receipt.** (Open the link below for support) <https://www.amazingolympiaworldrecords.ca/apply-to-set-or-break-a-record>.

Submit this form at our Email at : gc@yogaministryofcanada.ca and info@amazingolympiaworldrecords.com