

## WSC 2016 Competitor Registration Form

If you are a national champion for your country please complete the form below and send it to WSC secretariat office either via Fax on +81-3-5807-3019 or Email to wsc@scajconference.jp.

National Champions should read <u>WSC 2016 Rules and Regulations</u> before competing at the WSC. If you have any questions please send us a message at wsc@scajconference.jp .

Country*						
Title*	🗆 Mr.	🗆 Ms.				
Name*	First N	lame	Middle	Name	Last Name	
How would you like your full name to app	ear on publi	c announce	ments and	written mater	ials? *	
Email address*						
Company / Association*						
Company / Association address*						
Name of shop where you work*						
Address of shop where you work*						
Your coach name & company / Association name*						
Your supporter name & company / association name*						
Will you be bringing an interpreter?*			□ YES		NO	
Will you be bringing your own grinder	r <b>?*</b>		□ YES		NO	
Where would you like your grinder?*	🗆 Left of	the machir	ne	Right of	the machine	
Will you be bringing your own electric	al equipmo	ent?*	🗆 YES		NO	
If you answered "Yes" to the question above, please indicate what additional electrical equipment you will be bringing:						
1)						
2)						

Will you be bringing your own music?*	□ YES	□ NO	
Will you be using ice cubes that the WSC provides?*	□ YES	□ ΝΟ	
Please write a little bit about yourself. This information may be used for the official program, emce	e cards or website		
How long have you been involved in siphon coffee?			
Why did you start making siphon coffee?			
What fascinates you about siphon coffee?			
Is there anything you find difficult within the practic	e?		
Thank you year much	and we look forward	d to meeting you at WSC	2016

**WSC Secretariat** TEL: +81-3-3831-2601 FAX: +81-3-5807-3019 Email: wsc@scajconference.jp