

MNA Eligibility assessment data – France PDP 2017

Please complete and send this form by **17 August 2017**

Name of person completing this form:	
Representing ISAF Member National Authority (MNA):	
Role within MNA:	
Contact email / phone number:	

Please describe the current level of the national disabled / Paralympic sail training program/s in your country:	
If no formal disabled / Paralympic sail training program exists then please describe in detail the level of current sail training program/s available to all sailors in your country:	
Please list the existing number of Paralympic boats (2.4mR, SKUD18, Sonar, Hansa, Weta) in active use or accessible to be used by your national disabled / Paralympic sail training program:	
Please list the number of classified sailors identified in your country as well as their age and gender (M/F): If no classified sailors exist in your country, then please complete the sailor profile questions on the Performance clinic registration form provided.	