



National Body LICENSE APPLICATION

The National Body (NB) is the official partner for SCAE Competition(s) in the respective country. Contacts will be made through the SCAE's respective Regional Coordinator. Please include a detailed letter of intent with this application form. We, the following Coffee Association, apply to become the NB for:

1. Country: _____

2. Coffee Association: Name _____

President _____

National Coordinator _____

Address _____

Post Code, City _____

Phone (business) _____

Phone (mobile) _____

E-mail _____

Website _____

Date of founding _____

Number of members _____

Represented in _____
(describe whole country or regions)

3. We apply to represent the following SCAE Championship(s):

Latte Art

Coffee In Good Spirits

Cup Tasting

Cezve / Ibrik

4. We have previous experience organizing the following SCAE Championship(s):

National Latte Art Championship. Yes No

National Coffee In Good Spirits Championship. Yes No

National Cup Tasting Championship. Yes No

National Cezve / Ibrik Championship. Yes No

5. We will directly coordinate the National SCAE Championship(s) ourselves. Yes No

If no, please list the coordinator:

6. We have reviewed and are in compliance with all SCAE Competition Rules & Regulations. Yes No

7. We have reviewed & are in compliance with SCAE Competition Sanctioning Criteria. Yes No

8. We shall pay all travel & lodging expenses for the National Champion(s) to compete at the annual SCAE World Championships. Yes No

9. We shall host National SCAE Championship(s) on an annual basis. Yes No

10. We shall submit all necessary Post-Competition paperwork. Yes No

11. We shall hold the SCAE free from all indemnifications. Yes No

12. We shall invite all interested persons / parties to participate in our National SCAE Competition(s). Yes No

13. We shall provide insurance (liability, accident, others according our country laws) for the National SCAE Championship(s) and all related SCAE activities which are carried out throughout the year. Yes No

(date) (place) (printed name of applicant)

Stamp & Applicant

Please submit the completed form to your corresponding SCAE National / Regional Coordinator.

Signature:

For official use only:

_____	_____	Approval:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(date filed)	(filed by)			

Please submit the completed form to your corresponding SCAE National / Regional Coordinator.