



INTERNATIONAL BOWLING FEDERATION (IBF)

2026 IBF PARA BOWLING WORLD CHAMPIONSHIPS

TPB4 – INTELLECTUAL IMPAIRMENT

DIVISION ELIGIBILITY CONFIRMATION FORM

Purpose

This form confirms the eligibility pathway of athletes entered in TPB4.

TPB4 comprises the VIRTUS Division and the Special Olympics Division.

Important

The two TPB4 divisions are competition divisions and do not represent different types, degrees or levels of intellectual impairment. The division is determined by the recognised eligibility pathway.

A. FEDERATION DETAILS

National Federation / Organisation:

Country/Region:

Contact Person:

Email / Telephone:

B. ATHLETE DETAILS & DIVISION

Enter each athlete's recognised eligibility reference number. Tick the division in which the athlete is being entered.

No.	Athlete Full Name	DOB	VIRTUS	SPECIAL OLYMPICS	Eligibility / Ref. No.
1					
2					
3					
4					
5					
6					
7					
8					

C. ELIGIBILITY CONFIRMATION

TPB4 VIRTUS Division: The federation confirms that each athlete entered in this division holds current VIRTUS II1 International Eligibility. VIRTUS National Eligibility is not sufficient.

TPB4 Special Olympics Division: The federation confirms that each athlete entered in this division is registered and eligible to participate in Special Olympics through a Special Olympics Accredited Program.

■ Federation confirms eligibility for all athletes listed

The federation confirms that it has verified each athlete's eligibility through the relevant eligibility organisation and has entered the athlete in the TPB4 division corresponding to the athlete's recognised eligibility pathway.

D. FEDERATION DECLARATION

We certify that the information provided on this form is accurate and that the eligibility of each athlete listed has been verified in accordance with the requirements of the selected TPB4 division.

IBF reserves the right to request documentary evidence or confirmation from VIRTUS or the relevant Special Olympics Accredited Program where required.

Authorised Federation Official:

Position:

Date:

Signature:

E. IBF USE ONLY

Verification / Notes:

IBF Decision:

■ Approved ■ Further verification required ■ Not approved

Submit this form by the deadline specified by IBF.