



Chinese Taipei Underwater Federation
 address: No.10, Ln. 68, Xinyi Rd., Ziguan Dist., Kaohsiung City 826, Taiwan (R.O.C.)
 phone: 886-7-6171126 ,886-910846316,Fax : 886-7-6194895
 e-mail : ctuf006@gmail.com <http://www.cmas.tw/>

Enclosure 2-1

Entry List (Championship)

Federation Name: _____

No	Name		Male/Female	Position
	Surname, Given	Date of Birth	M/F	Athlete = A Coach = C Team Official = TO Team Support = TS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Team Manager:_____ Email:_____

Please E-mail completed this form before 30th September 2015 to: ctuf002@gmail.com and cmasia@kua.or.kr



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Enclosure 2-2

Entry List (Junior Competition)

Federation Name: _____

No	Name		Male/Female	Position
	Surname, Given	Date of Birth	M/F	Athlete = A Coach = C Team Official = TO Team Support = TS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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Enclosure 3

HOTEL BOOKING FORM

Closing Date for This Form Submission: 15 September 2015

Country:	Country Code:
Name of Contact:	
Address:	
Cell phone:	Fax:
Telephone:	Email:

Reservations

Please complete the following information in order to make package reservations

Type of room	No of rooms	Date	
		From	To
Single			
Double			

Extra Nights: if you need extra nights, please fill in the following

Type of room	No of rooms	Date	
		From	To
Single			
Double			

Flight Details

Team Arrival Date: _____ Time: _____ Flight No: _____

Team Departure Date: _____ Time: _____ Flight No: _____

We will send booking deposit on _____, 2015 (before 15 September)

Instructions for wire transfer:

Bank Name: BANK OF TAIWAN

BRANCH: KANG SHAN BRANCH

Bank Address: NO.16, SO TIEN ROAD, KANG SHAN DISTRICT, KAOHSIUNG CITY, TAIWAN R.O.C.

Swift Code: BKTWTWTP060

Account Name: Chinese Taipei Underwater Federation

Account No: 060 001 000827



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Enclosure 5

Travel Information

Federation Name: _____

Number of Participants Traveling:

Athletes	Coaches	Team Official	Team Support	Total

Please list team members on this flight.

Is entire team on this flight? Yes/No. If not please duplicate this form.

Departure

Departure Date	Flight Number	Time of Departure	No. of Persons

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Enclosure 6-1

ENTRY FORM(Senior_Male)

Federation Name: _____

No.	Swimmer's Name In BlockLetter	Date Of Birth (dd/mm/yyyy)	Event No.	Event	Best.Time
1					
2					
3					
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5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Team Manager: _____ Email: _____

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Enclosure 6-2

ENTRY FORM(Senior_Female)

Federation Name: _____

No.	Swimmer's Name In BlockLetter	Date Of Birth (dd/mm/yyyy)	Event No.	Event	Best.Time
1					
2					
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4					
5					
6					
7					
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9					
10					
11					
12					
13					
14					

Team Manager: _____ Email: _____

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Enclosure 6-3

ENTRY FORM(Junior_Male)

Federation Name: _____

No.	Swimmer's Name In BlockLetter	Date Of Birth (dd/mm/yyyy)	Event No.	Event	Best.Time
1					
2					
3					
4					
5					
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Team Manager: _____ Email: _____

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Enclosure 6-4

ENTRY FORM(Junior_Female)

Federation Name: _____

No.	Swimmer's Name In BlockLetter	Date Of Birth (dd/mm/yyyy)	Event No.	Event	Best.Time
1					
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Team Manager: _____ Email: _____

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