

INITIAL ENTRY FORM (Before 1th April 2015)

We will participate in the “CMAS FINNSWIMMING EUROPEAN JUNIOR CHAMPIONSHIP 2015” IN Belgrade (SERBIA).

Initial Entry Form:

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail:

bozana.ostojoc@gmail.com .

Country:		
Federation:		
Total number of Competitions:	male:	female:
Total number of Officials:	male:	female:
Total number of Delegation	male:	female:

Declaration Form:

Release from liability: I hereby declare that I exonerate of liability however so arising, the CMAS, its affiliates, the event Organizing Committee and staff, the venue owners, sponsors, and any other persons that participate at the event, in respect to all and every action or claim about accidents that may occur.

- **Inscriptions will only be valid on the presentation, by each Federation, of the obligatory ACCIDENT INSURANCE COVERAGE POLICY for participants.**

Please check CMAS Procedures for participation in CMAS Championship.

Date

(President Signature / stamp)

(Full name in block letters)

ANNEX 2

HOTEL BOOKING FORM (Before 20th April 2015)

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail:

bozana.ostojoc@gmail.com .

Country:		
Federation:		
Telephone:	Fax:	e-mail:

Please complete:	Number of Rooms	Date	
		From	To
Single			
Double / Triple			
	Number of Rooms	Date	
		From	To
Single			
Double / Triple			

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

Please complete:	Number of Rooms	Date	
		From	To
Single			
Double / Triple			
	Number of Rooms	Date	
		From	To
Single			
Double / Triple			

ANNEX 3

COMPETITORS LIST FORM (Before 1th June 2015)

Country:

Federation						
Competitors		Men		Women		
Officials		Men		Women		
n.	NAME	FIRST NAME	Athlete, Trainer, Delegation Chief, Doctor, Judge, Other	Male	Female	Single room
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

ARRIVAL	Date:		Time	
Airport			Flight No.	
DEPARTURE	Date:		Time	
Airport			Flight No.	
		Date		
(President Signature / stamp)			(Full name in block letters)	