**CMAS FINSWIMMING  
WORLD CUP**22 - 23.04.2017 – Olsztyn  
 Poland

**Enclosure 1**

**PRELIMINARY ENTRY FORM**

**(To be filled in and forwarded by 9thApril 2017)**

We will participate in the CMASFinswimming World Cup 2017, Olsztyn- Poland.

Please complete this form and send it to the Polish Underwater Federation by e-mail [biuro@pzp-n.pl](mailto:biuro@pzp-n.pl)not later than 9thApril 2017.

Please use computer typing or capital letters writing.

|  |  |  |  |
| --- | --- | --- | --- |
| Club |  | | |
| Country |  | | |
| Address\* (invoice details) |  | | |
| e-mail |  | Phone |  |

**\*Capital letters or computertyping please**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Athletes | Male |  | Female |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Officials | Male |  | Female |  |

|  |  |
| --- | --- |
| Total number of the delegation |  |

Date,

(President’s Signature/ stamp) (Full name in block letters)

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**Enclosure 2**

**HOTEL BOOKING FORM**

**(To be filled in and forwarded by 9th April 2017)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Club** |  | | |
| **e-mail** |  | **Phone** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of Rooms** | **Date** | |
| **From** | **To** |
| **Single** |  |  |  |
| **Double** |  |  |  |
| **Triple** |  |  |  |

**Extra Nights:**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of Rooms** | **Date** | |
| **From** | **To** |
| **Single** |  |  |  |
| **Double** |  |  |  |
| **Triple** |  |  |  |

**The number of single, double and triple rooms is limited.   
Early booking will help you to receive optimal combination of rooms.**

Date,

(President’s Signature/ stamp) (Full name in block letters)

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**Enclosure 3**

**TRANSFER BOOKING FORM**

**(To be filled in and forwarded by 9th April 2017)**

|  |  |
| --- | --- |
| Club |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Athletes | Male |  | Female |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Officials | Male |  | Female |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ARRIVAL:** | **Airport code:** |  | **Time:** |  |
| **Date:** |  | | **Flight No.** |  |
| **DEPARTURE:** | **Airport code:** |  | **Time:** |  |
| **Date:** |  | | **Flight No.** |  |
| **Contact phone number of persons on board (team leader or team members):** | | | | |

Date,

(President’s Signature/ stamp) (Full name in block letters)