**ANNEX 1**

**PRELIMINARY ENTRY FORM**

**(To be filled in and forwarded by 15stMarch 2017)**

We will participate at theVI. Panamerican Open Finswimming Palmira-Colombia.

**PreliminaryEntry Form:**

Please complete this form and send it to the Federation by e-mail[fedecas.colombia@gmail.com](mailto:fedecas.colombia@gmail.com)

**not later than 15stMarch 2017.**

|  |  |
| --- | --- |
| Country |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of Athletes | Male |  | Female |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of Officials | Male |  | Female |  |

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

Please check CMAS Procedures for participation in CMAS Panamerican.

Date,

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

**ANNEX 2**

**PRELIMINARY HOTEL BOOKING FORM**

**(To be filled in and forwarded by 15stMarch 2017)\***

Please complete this form and send to the Colombian Federation by e-mailto [fedecas.colombia@gmail.com](mailto:fedecas.colombia@gmail.com)

not later than 15stMarch 2017.

|  |  |
| --- | --- |
| Country |  |

|  |  |
| --- | --- |
| e-mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Fax |  | phone |  |

**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:

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

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

**\* Please note that hotel bookings after 15stMarch 2017 carry a 10 % late booking surcharge!**

**Method of Payment:**

**Please check (x) in one of the following:**

**A) Total amountby bank transfer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method of payment** |  | **Date of transfer:** | **Amount** | **See the attached document** |
| **Bank transfer** |  |  |  |  |

**B) 50% of total Amount and balance at the arrival**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method of payment** |  | **Date of payment:** | **Amount** | **See the attached document** |
| **Cash on arrival:** |  |  |  |  |
| **Bank transfer:** |  |  |  |  |

**C) Total amount pay in cash on arrival**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method of payment** |  | **Date of payment:** | **Amount** |  |
| **Cash on arrival:** |  |  |  |  |

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2017

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

**ANNEX 3**

**BANK TRANSFER FORM**

**(Not later than 30stMarch 2017)**

Please complete this form and send to theColombia Federation by e-mail [fedecas.colombia@gmail.com](mailto:fedecas.colombia@gmail.com)

not later than 30st March 2017.

We confirm that the payment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dollars from account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is our contribution for participation in this competition.

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2017.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**ANNEX 4**

**FINAL COMPETITOR’S LIST FORM**

**(Not later than 30MARCH 2016)**

Please complete this form and send to the Colombia Federation by e-mail [fedecas.colombia@gmail.com](mailto:fedecas.colombia@gmail.com)

not later than 30March 2017.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Country** |  | | | |
| **Club** |  | | | |
| **Athletes** | **Men** |  | **Women** |  |
| **Officials** | **Men** |  | **Women** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| n. | Family Name | First Name | Athlete, Trainer, Delegation Chief, Doctor, Judge, Other | Men | Women | Room  type |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ARRIVAL:** |  |  | **Time:** |  |
| **Date:** |  | | **Flight No.** |  |
| **DEPARTURE:** |  |  | **Time:** |  |
| **Date::** |  | | **Flight No.** |  |

Please inform in this format if you need transportation airport- hotel – airport.

Date,

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