



Enclosure 1 ENTRY FORM

We will participate in Finswimming European Championship in Wrocław.

Please complete this form and send it by e-mail on: biuro@pzp-n.pl
not later than 1st June 2017

Country			
Federation			
Address (invoice details)			
e-mail		Phone	

Total number of Athletes	Male		Female	
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Total number of Officials	Male		Female	
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Total number of the delegation	
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Please check CMAS Procedures for participation in Finswimming European Championship in Wrocław.

Date,

(President's Signature/ stamp)

(Full name in block letters)



Enclosure 2 HOTEL BOOKING FORM

Please complete this form and send it by e-mail on: biuro@pzp-n.pl
not later than **1st June 2017**

Country			
Federation			
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			

Date,

(President's Signature/ stamp)

(Full name in block letters)



Enclosure 3 TRANSFER BOOKING FORM

Please complete this form and send it by e-mail on: biuro@pzp-n.pl
not later than **1st June 2017**

Country		Number of persons	
Telephone number of person responsible in Federation:			
Telephone number of Team Leader (on board) :			

ARRIVAL:		Time:	
Date:		Flight No.	
DEPARTURE:		Time:	
Date:		Flight No.	

Date,

(President's Signature/ stamp)

(Full name in block letters)