





Annex 1

INITIAL ENTRY FORM Before 11 March 2018

We will participate in the Apnea Indoor World Championship 2018 in Lignano Sabbiadoro (UD) – Italy.

INITIAL ENTRY FORM

Please complete this form and send it to CMAS HQ and Organizing Committee by mail spo@cmas.org and subacquea@fipsas.it no later than 11 March 2018.

COUNTRY						
FEDERATION						
TOTAL NUMBI OF COMPETITOR		MALE		FEMALE		
TOTAL NUMBI OF OFFICIAL		MALE		FEMALE		
TOTAL NUMBE OF DELEGATION						
Declaration of liability:						
the CMAS, its a venue owners,	affilia spon	y: I hereby declare tes, the event Orgonsors, and any othe or claim about acci	anizing Federation represented in the contraction of the contraction o	on and/or Committer articipate at the even	ee and staff, the	
Inscriptions and signatures will only be valid on the presentation, by each Federation, of the obligatory ACCIDENT INSURANCE COVERAGE POLICY for participants.						
Please check th	e CN	MAS Procedures fo	or participation in	CMAS Champions	hip.	
Date,		2018				
(President's Sig	(President's Signature/stamp) (Full name in block letters)					







Annex 2

PRELIMINARY HOTEL BOOKING FORM Before 11 April 2018

Please complete this form and send it to CMAS HQ and Organizing Committee by e-mail spo@cmas.org and subacquea@fipsas.it before 11 April 2018, with copy of the bank transfer of 50% of the total entry fee. The balance payment should be made no lather than 11 May 2018. The registration fee without accommodation is 450,00 Euro for person.

Country							
Federation							
Telephone							
Fax				e-mail			
Please comple	te: Hote	el		.			
·		Number of Rooms			Da	ate	
		Nulliber of Rooms		F	rom		То
Single							
Double							
Triple							
Extra Nights:	lf you n	eed extra nights, plea	ase fill	l in the followi	ng		
	Number of Pooms Date						
		Number of Rooms		F	rom		То
Single							
Double							
Triple							
Method of pay	ment o	of the first 50% of the	e tota	al entry fee:			
Bank Transfe	•		Date	of transfer:			See the attached document
UNDERWATER ACTIVITIES INTERNATIONAL EVENTS BANK: UniCredit - IBAN CODE: IT35C0200805314000104162924 - BIC SWIFT: UNCRITM1B41 (For the first 50% tax of engagements Apnea Indoor World Championship in Lignano Sabbiadoro 2018 National Federation of)							
		0010					
		2018					
(President's Si		/stamp)			(Full name in blo		
		LINDEDWATE	-D 4/	CTIVITIES IN	TEDNIATIONIAL	CVENIT	•







Federation: Country:									
									Annex 3
	confirm ———d Champio		, is		ibuti	on for pa			
Date				_2018					
(Pre	esident's Si	gnature	e/stam	– p)	 (F	ull name	in block I	etters)	







Annex 4

COMPETITOR'S LIST FORM Before 11 May 2018

Please complete this form and send it to CMAS HQ and Organizing Committee by mail spo@cmas.org and subacquea@fipsas.it no later than 11 May 2018.

Sub	Subacquea @ npsas.it no later train 11 May 2016.								
Co	untry								
Fed	deration								
Competitors Men					Wome	n			
Off	icials	Men				Wome	n		
n. 1 2 3	Name		Fi	rst Name		Athlete, Train Delegation Ch Doctor, Judg Other	ief,	Women	Single; double or triple rooms
4 5 6 7 8									
9 10 11 12 13									
14 15 16 17									
18 19 20	nsfer: If you need	transfer, p	lease fill in t	he following					
	ARRIVAL:	Date:		Ŭ		Time:			
	Airport: DEPARTURE: Airport:	Date:				Time:			
The shuttle service is provided only for arrivals and departures to and from the Airports of Trieste, Venice and Treviso. The cost of the shuttle service from the Airport (Trieste, Venice or Treviso) to the Hotel and back is € 80,00 per person, with minimum 3 persons per transfer. For transfers required by just two or even one person, the cost is of € 120,00 per person.									
	e,		_2018						
(President's Signature/stamp) (Full name in block letters)									



Country





Annex 6

FINAL HOTEL BOOKING **FORM Before 11 May 2018**

Please complete this form and send it to CMAS HQ and Organizing Committee by mail spo@cmas.org and subacquea@fipsas.it no later than 11 May 2018.

Federation						
Competitors		Men			Women	
Officials	als Men			Women		
Please comple	te: H	otel				
	Number of Rooms		_	Da		
			From		То	
Single						
Double						
Triple						
		Number of Ro	ome		Da	
	•	Turriber of No	JIII3	From		То
Single						
Double						
Triple						
Extra Nights:	If you	ı need extra	nights, p	olease fill in the	following	
		Number of Ro			Da	
		Tumber of No.	J1113	From		То
Single						
Double						
Triple						
		Number of Ro	oms		Date	
	•			From		То
Single						
Double						
Triple						
Sede:	c/o F			CTIVITIES INTER - 00196 Roma te		EVENTS 13 – <u>subacquea@fipsas.it</u>







ATTENTION: HOTEL BOOKINGS AFTER 11 MAY 2018 CARRY A 10% LATE BOOKING SURCHARGE

Method of payme	ent of the second 50% of the	ne total entry fee:	
BANK TRANSFER	DATE OF TRANSFE	R	SEE THE ATTACHED DOCUMENT
(For the second 50%	UNDERWATER ACTIVITIES IBAN CODE: IT35C02008053 6 tax of engagements Apnea Ination of)	314000104162924 - I	BIC SWIFT: UNCRITM1B41
Date,	2018		
(President's Signa	 ture/stamp)	(Full name in	block letters)