# **PRELIMINARY ENTRY FORM**

**(ANNEX 1)**

**(Before 13th April)**

We will participate in the “CMAS Finswimming European Junior Championship 2018” in Istanbul (TURKEY).

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 13th April 2018.

E-Mail: [elifkantar@tssf.gov.tr](mailto:elifkantar@tssf.gov.tr)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country: |  | | | | |
| Federation: |  | | | | |
|  | | | | | TOTAL |
| Number of Finswimmers: | Males: |  | Females: |  |  |
| Number of Officials: | Males: |  | Females: |  |  |
| TOTAL DELEGATION | Males: |  | Females: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pool Competitions: | YES |  | NO |  |
| Open Water Competitions: | YES |  | NO |  |
| Training Camp (Arrival Before 28th July) | YES |  | NO |  |

**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.

**Assurance:**

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)** |
|  |  |  |

# **HOTEL BOOKING FORM**

**(ANNEX 2)**

**(Before 11th May)**

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 11th May 2018.

E-mail: [elifkantar@tssf.gov.tr](mailto:elifkantar@tssf.gov.tr)

|  |  |  |
| --- | --- | --- |
| Country: |  | |
| Federation: |  | |
| Phone: | Fax: | E-mail: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 1**  **(Swimming Pool & Open Water)** | **Number of**  **Rooms** | **Date** | | **Number**  **of**  **Extra Nights** |
| **From** | **To** |
| **Single Rooms** |  |  |  |  |
| **Double Rooms** |  |  |  |  |
| **Triple Rooms** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 2**  **(Swimming Pool Only)** | **Number of**  **Rooms** | **Date** | | **Number**  **of**  **Extra Nights** |
| **From** | **To** |
| **Single Rooms** |  |  |  |  |
| **Double Rooms** |  |  |  |  |
| **Triple Rooms** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 3**  **(Open Water Only)** | **Number of**  **Rooms** | **Date** | | **Number**  **of**  **Extra Nights** |
| **From** | **To** |
| **Single Rooms** |  |  |  |  |
| **Double Rooms** |  |  |  |  |
| **Triple Rooms** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Date** | **President**  **(Signature / Stamp)** | **Full Name**  **(in Block Letters)** |
|  |  |  |

# **CONFIRMATION of PAYMENT**

**(ANNEX 3)**

**(Before 01st June)**

Please complete this form and send it to the Turkish Underwater Sports Federation by e-mail before

01st June 2018.

E-mail: [elifkantar@tssf.gov.tr](mailto:elifkantar@tssf.gov.tr)

|  |  |  |
| --- | --- | --- |
| Country: |  | |
| Federation: |  | |
| Phone: | Fax: | E-mail: |

We confirm that the payment \_\_\_\_\_\_\_\_euro from account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is 50% of the total amount of our contribution for participation in CMAS Finswimming European Junior Championship 2018 in Istanbul (TURKEY).

|  |  |  |
| --- | --- | --- |
| **Date** | **President**  **(Signature / Stamp)** | **Full Name**  **(in Block Letters)** |
|  |  |  |

# **COMPETITORS LIST FORM**

**(ANNEX 4)**

**(Before 29th June)**

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 29th June 2018.

E-mail: [elifkantar@tssf.gov.tr](mailto:elifkantar@tssf.gov.tr)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country: |  | | | | |
| Federation: |  | | | | |
|  | | | | | TOTAL |
| Number of Finswimmers: | Males: |  | Females: |  |  |
| Number of Officials: | Males: |  | Females: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **First Name** | **Surname** | **Occupation**  **(Chief of Delegation, Trainer, Athlete, Doctor, Judge, Other)** | **Male** | **Female** | **Single Room** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Date** | **President**  **(Signature / Stamp)** | **Full Name**  **(in Block Letters)** |
|  |  |  |

# **AIRPORT TRANSFER FORM**

**(ANNEX 5)**

**(Before 29th June)**

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 29th June 2018.

E-mail: [elifkantar@tssf.gov.tr](mailto:elifkantar@tssf.gov.tr)

|  |  |
| --- | --- |
| Country: |  |
| Federation: |  |

|  |  |  |
| --- | --- | --- |
| **Contact Person** | First Name: |  |
| Surname: |  |
| Mobile Phone: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Arrival** | Airport | | Date of Arrival: |  |
| Istanbul Sabiha Gokcen Airport |  | Time of Arrival: |  |
| Istanbul Ataturk Airport |  | Flight Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departure** | Airport | | Date of Arrival: |  |
| Istanbul Sabiha Gokcen Airport |  | Time of Arrival: |  |
| Istanbul Ataturk Airport |  | Flight Number: |  |

|  |  |  |
| --- | --- | --- |
| **Date** | **President**  **(Signature / Stamp)** | **Full Name**  **(in Block Letters)** |
|  |  |  |

# **FINAL HOTEL BOOKING FORM**

**(ANNEX 6)**

**(Before 29th June)**

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 29th June 2018.

E-mail: [elifkantar@tssf.gov.tr](mailto:elifkantar@tssf.gov.tr)

|  |  |  |
| --- | --- | --- |
| Country: |  | |
| Federation: |  | |
| Phone: | Fax: | E-mail: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 1**  **(Swimming Pool & Open Water)** | **Number of**  **Rooms** | **Date** | | **Number**  **of**  **Extra Nights** |
| **From** | **To** |
| **Single Rooms** |  |  |  |  |
| **Double Rooms** |  |  |  |  |
| **Triple Rooms** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 2**  **(Swimming Pool Only)** | **Number of**  **Rooms** | **Date** | | **Number**  **of**  **Extra Nights** |
| **From** | **To** |
| **Single Rooms** |  |  |  |  |
| **Double Rooms** |  |  |  |  |
| **Triple Rooms** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choice 3**  **(Open Water Only)** | **Number of**  **Rooms** | **Date** | | **Number**  **of**  **Extra Nights** |
| **From** | **To** |
| **Single Rooms** |  |  |  |  |
| **Double Rooms** |  |  |  |  |
| **Triple Rooms** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Date** | **President**  **(Signature / Stamp)** | **Full Name**  **(in Block Letters)** |
|  |  |  |

# **CONFIRMATION of PAYMENT**

**(ANNEX 7)**

**(Before 06th July)**

Please complete this form and send it to the Turkish Underwater Sports Federation by e-mail before

06th July 2018.

E-mail: [elifkantar@tssf.gov.tr](mailto:elifkantar@tssf.gov.tr)

|  |  |  |
| --- | --- | --- |
| Country: |  | |
| Federation: |  | |
| Phone: | Fax: | E-mail: |

We confirm that the payment \_\_\_\_\_\_\_\_euro from account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is completion of the total amount of our contribution for participation in CMAS Finswimming European Junior Championship 2018 in Istanbul (TURKEY).

|  |  |  |
| --- | --- | --- |
| **Date** | **President**  **(Signature / Stamp)** | **Full Name**  **(in Block Letters)** |
|  |  |  |