SPORT DIVING

WORLD CUP

-

1ST – 3RD November 2018

Nîmes (Gard - 30), FRANCE

-

TEAM REGISTRATION FORM

ENCLOSURE I - PRELIMINARY ENTRY FORM

We, Team of : (club) ..... / (country) .....,
will participate in the CMAS Sport Diving World Cup 2018, Nîmes – FRANCE :

#1→ I fill in the preliminary form to confirm my participation:
http://www.codepplongee30.fr/sport-diving-world-cup/

#2→ I complete this form (6 pages ENCLOSURE + .xls file) and send it to Organization by e-mail as soon as possible:

Contact Maxime LARCHER :
➔ email: maximelarcher@yahoo.fr ;
➔ Phone & WhatsApp : +336 76 837 835 ;

Please use computer typing or capital letters writing.

Club *	.		
Country *	.		
Address * (invoice details)	. . / . . / .		
e-mail	.	Phone	.

*Capital letters or computer typing please

Number of Athletes	Male	. .	Female	. .

Number of Officials / Staff	Male	. .	Female	. .

Total number of people of the delegation	. .

I, representing the team of ., accept conditions and rules for participation to the Nîmes 2018, Sport diving World Cup (See annex below for payment condition for reservation)

Date,
.

(Team Leader Signature / stamp)
.

(Full name in block letters)
.

ENCLOSURE 2 – HOTEL, TRANSFER & OPTIONS - BOOKING FORM

Club	.	Country	.

	Starting Package (*)	**Gal Package PACK 3 days** Arrival 01/11 Departure 04/11	**Gal Package PACK 4 days** Arrival 31/10 Departure 04/11	**Gala Dinner option**	**Lunch only option**	**Transfer Marseille option** (**)	**Transfer Montpellier option** (**)	**Tank rental option** (4U. max by team)
Price	(40€/pax)	(241€/pax)	(320€/pax)	(20€/pax)	(10€/meal/pax)	(40€/pax)	(40€/pax)	(25€/tank)
Nb of ix/meal/tank concerned	.	.	.	.	.	.	.	.
mount in €	.	.	.	.	.	.	.	.
otal amount réservation	. € / (30% account is €) (***)							

(*) Precise : Arrival Date . Place of residence . Departure Date .

(**) Precise : Arrival Date . Flight number . Airport . Arrival time .

(***) See Annex below for *payment condition for reservation*

Reservation wishes for rooms :

	Number of room
2 pax /room (maximum nb of rooms = 14)	. .
3 pax /room (maximum nb of rooms = 10)	. .
4 pax /room (maximum nb of rooms = 6)	. .
5 pax /room (maximum nb of rooms = 2)	. .

The number of room is limited, we will do our best to satisfy your reservation wishes.
Early booking will help you to receive optimal combination of rooms.

Date,
. .

(Team Leader Signature / stamp)

. .

(Full name in block letters)

. .

ENCLOSURE 3 – COMPETITION ENGAGEMENT

Club	.	Country	.

PLEASE FILL IN NOW THE EXCEL FILE ATTACHED / Screen shot here :

№	Surname	Name	Sex	Year of birth	100m obstacle course WOMEN	Competitor's NAME for the binome	100m obstacle course MEN	Competitor's NAME for the binome	4 x 50m medley relay MIXED	Competitor's NAME for relay	4 x 50m torpedo relay WOMEN	Competitor's NAME for relay	4 x 50m torpedo relay MEN	Competitor's NAME for relay	50m octopus MIXTED	Competitor's NAME for the binome	200m Trial WOMEN MEN	50m Lifbag 6K WOMEN MEN	Wiggle tower (2 participant max. by Team) MEN or WOMEN
					(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(a)	(a)
1			F																
2			F																
3			F																
4																			
5																			
6																			
7																			
8			M																
					Team events												Individual events		Special game

EXAMPLE ➔ .XLS FILE HAS TO BE FILLED

(a)	Quote with " x "
b)	Report NAME

Date,

.

(Team Leader Signature / stamp)

.

(Full name in block letters)

.

ENCLOSURE 4 – MEAL PREFERENCES

Club	.	Country	.	Total number of people of the delegation	. (X)

Choice and Number	31/10/18 – Dinner	Nb[er] for each choice	01/11/18 – Lunch	Nb[er] for each choice	01/11/18 – Dinner	Nb[er] for each choice	02/11/18 – Lunch	Nb[er] for each choice	02/11/18 – Dinner	Nb[er] for each choice	03/11/18 – Lunch	Nb[er] for each choice
Starter	Cheese Flan & crispy bacon	(X)	Tomatoes salad	(X)	Sea bass Ceviche with lime	(X)	Pasta salad	(X)	Rabbit terrine with nuts	(X)	Carrot salad	(X)
Main	Duck confit & white beans	(X)	Sandwich : a/ Veggie b/ Italian style c/ Bacon-Cheese-Fruit	(*) : a / . . b / . . c / . .	Saddle of lamb with mushroom cream & mashed potatoes	(X)	Sandwich : a/ Veggie b/ Chicken c/ Bagel Salmon	(*) : a / . . b / . . c / . .	Salmon filet, dried fruit crumble and zucchini flan	(X)	Sandwich : a/ Veggie b/ South flavour style c/ Bagel Pastrami	(*) : a / . . b / . . c / . .
Desert	Tiramisu	(X)	Rice pudding with currants	(X)	Chocolate fudge	(X)	Fruit salad	(X)	Pears Moelleux	(X)	Chocolate & Banana Tiramisu	(X)
Drinks	*Water Included – Others are Extra*	*Does not apply*	a/ Ice Tea b/ Perrier c/ Coke	(*) : a / . . b / . . c / . .	*Water Included – Others are Extra*	*Does not apply*	a/ Ice Tea b/ Perrier c/ Coke	(*) : a / . . b / . . c / . .	*Water Included – Others are Extra*	*Does not apply*	a/ Ice Tea b/ Perrier c/ Coke	(*) : a / . . b / . . c / . .

(*) Make your choice and place the number of pax concerned in front of each choice

(**) Dinner on the 3rd of November is not specified here, but is included too in general packages (Gala Dinner)

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Menu is subject to change for reason of products availability at the moment of the competition.
Choosen menu is not subject to change once the choice has been made and transmitted by the team leader.

In case of any problem or intolerance, please refer to your contact of organization.

Date,
. .

(Team Leader Signature / stamp)

. .

(Full name in block letters)

. .

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ANNEX – PAYMENT CONDITION FOR RESERVATION

Participation of team will be registered only with payment of 30% account of the General Package + Options.

Could you please make financial transfer to :

(Please specify in your financial order reference, the name of your team/country)

Crédit Mutuel

RELEVE D'IDENTITE BANCAIRE

Identifiant national de compte bancaire - RIB

Banque	Guichet	N° compte	Clé	Devise
10278	**08965**	**00015891501**	**59**	**EUR**

Domiciliation
CCM NIMES CARRE D ART

Identifiant international de compte bancaire

IBAN (International Bank Account Number)
FR76 1027 8089 6500 0158 9150 159

BIC (Bank Identifier Code)
CMCIFR2A

Domiciliation
CCM NIMES CARRE D ART
CS 71006
8 PLACE QUESTEL
30902 NIMES CEDEX 2
☎0 820 347 692 (Service 0,12 €/min + prix appel)

Titulaire du compte (Account Owner)
COMITE DEPARTEMENTAL FFESSM
DU GARD
CHEZ M TOULMONDE
28 RUE DE TALEN
30620 AUBORD

Remettez ce relevé à tout autre organisme ayant besoin de connaître vos références bancaires pour la domiciliation de vos virements ou de prélèvements à votre compte. Vous éviterez ainsi des erreurs ou des retards d'exécution.

PARTIE RESERVEE AU DESTINATAIRE DU RELEVE