

(ANNEX 1) (Before 26th April)

We will participate in the "CMAS European Freediving Indoors Championship 2019" in Istanbul (TURKEY).

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 26 April 2019.

E-Mail: elif@tssf.gov.tr

Country:			
Federation:			
			TOTAL
Number of Freedivers:	Males:	Females:	
Number of Officials:	Males:	Females:	
TOTAL DELEGATION	Males:	Females:	

Declaration Form:

Release of 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 26th April)

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 26 April 2019.

E-mail: elif@tssf.gov.tr

Country:

Federation:				
Phone:	Fax:		E-mail:	
	Number of	er Date		Number of
	Rooms	From	То	Extra Nights
Single Rooms				
Double Rooms				

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



CONFIRMATION of PAYMENT

(ANNEX 3) (Before 10st May)

Please complete this form and send it to the Turkish Underwater Sports Federation by e-mail before 10 May 2019.

Country:		
Federation:		
Phone:	Fax:	E-mail:
We confirm that the paymentis 50% of the total amount of our Championship 2019 in Istanbul (TU	contribution for participation in CMAS	European Freediving Indoors

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



COMPETITORS LIST FORM

(ANNEX 4) (Before 10th May)

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 10 May 2019.

Country:			
Federation:			
			TOTAL
Number of Freedivers:	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 10th May)

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 10 May 2019.

Country:				
Federation:				
		First Name:		
Contact Pers	on	Surname:		
		Mobile Phone:		
	Airp	oort	Date of Arrival:	
Arrival	Istanbul Sabiha Goko	en Airport	Time of Arrival:	
	Istanbul Airport		Flight Number:	
	Airp	port	Date of Arrival:	
Departure	Istanbul Sabiha Goko	en Airport	Time of Arrival:	
	Istanbul Airport		Flight Number:	

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



FINAL HOTEL BOOKING FORM

(ANNEX 6) (Before 31th May)

Please complete this form and send it to the CMAS HQ and the Turkish Underwater Sports Federation by e-mail before 31 May 2019.

Country:					
Federation:					
Phone:	Fax:		E-mail:		
	Number of	Date		Number of	
	Rooms	From	То	Extra Nights	
Single Rooms					
Double Rooms					

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



(ANNEX 7) (Before 31th May)

Please complete this form and send it to the Turkish Underwater Sports Federation by e-mail before 31 May 2019.

Country:			
Federation:			
Phone:		Fax:	E-mail:
We co	onfirm that the payment	euro from account	
		t of our contribution for participat	on in CMAS European Freediving
	mpletion of the total amoun	t of our contribution for participat	Full Name (in Block Letters)