



PRELIMINARY ENTRY FORM

Thank you to return the form in the best delays
and before **Friday, 11th May 2018**

FEDERATION DATA

NAME _____ CODE _____

ADDRESS _____

CONTACT PERSON _____

PHONE _____

E-MAIL _____

ESTIMATED SIZE OF THE DELEGATION

Male Swimmers	Female Swimmers	Team Staff	TOTAL

PRELIMINARY ACCOMMODATION BOOKING

Hotel: 2** 3*** 4*** 1st choice: _____

Hotel Rooms: Single(s) _____ Twin(s) _____

Nights: Thurs. 5th Fri. 6th Sat. 7th Sun. 8th

Date: _____ Signature & Stamp

President / General Secretary

Please send back the application forms to the Local Organizing Committee
via e-mail martin.papotgoanvic@ffnatation.fr