

PRELIMINARY ENTRY FORM

Thank you to return the form in the best delays and before **Monday, January 15th 2018**

FEDERATION / CLUB DATA

NAME _____ **FED CODE** _____

ADDRESS _____

CONTACT PERSON _____

E-MAIL _____

ESTIMATED SIZE OF THE DELEGATION

Male Swimmers	Female Swimmers	Team Staff	Judges	TOTAL

PRELIMINARY ENTRIES (incl. number of routines)

Tech. Solo _____	Free Solo _____	Free Combo _____
Tech. Duet _____	Free Duet _____	Highlights _____
Tech. Mixed Duet _____	Free Mixed Duet _____	Gala _____
Tech. Team _____	Free Team _____	

PRELIMINARY ACCOMMODATION BOOKING

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

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

Nights: Mon. 5th Tue. 6th Wed. 7th Thurs. 8th Fri. 9th Sat. 10th Sun. 11th

Date:	Signature & Stamp
President / General Secretary	

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

TRAVEL FORM

The ground transportation is taken care of by the OC

Thank you to return the form in the best delays and before **Wednesday, January 31st 2018**

FEDERATION / CLUB DATA

NAME _____ FED CODE _____

ADDRESS _____

CONTACT PERSON (on site) _____

PHONE (on site) _____

E-MAIL _____

Arrival					
Date		Airport		Airline	
Time		Terminal		Flight N°	
N° of People		City of Origin			
Arrival by bus from Bonn (German Open) on Monday, March 5th					

Departure					
Date		Airport		Airline	
Time		Terminal		Flight N°	
N° of People		City of Destination			

Judges (if different)						
Arrival	Date		Airport		Airline	
	Time		Terminal		Flight N°	
	N° of People		City of Origin			
	Arrival by bus from Bonn (German Open)					
Dep.	Date		Airport		Airline	
	Time		Terminal		Flight N°	
	N° of People		City of Destination			

Date:	Signature & Stamp
President / General Secretary	

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FINAL ENTRY FORM

Thank you to return the form in the best delays and before **Monday, February 5th 2018**

FEDERATION / CLUB DATA

NAME _____ **FED CODE** _____

CONTACT PERSON (on site) _____

PHONE (on site) _____

E-MAIL _____

ATHLETE													
NAME	First Name	M/W	Y of B	Tech. Solo	Free Solo	Tech. Duet	Free Duet	Tech. Mixed	Free Mixed	Tech. Team	Free Team	C.	H.

Reserve = R / Please also identify your duets if more than one: AA R^A, BB R^B ...

OFFICIALS			
TEAM MANAGER		JUDGE	
COACH		JUDGE	
COACH		MEDICAL	
COACH		OTHER	

Date:	Signature & Stamp
President / General Secretary	

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EXTRA INFORMATION FORM

Thank you to return the form in the best delays and before **Wednesday, January 31st 2018**

FEDERATION / CLUB DATA

NAME _____ FED CODE _____

CONTACT PERSON (on site) _____

PHONE (on site) _____

E-MAIL _____

EXHIBITION GALA

Do you intend to participate to the exhibition Gala? YES NO

Number of swimmers: _____ Duration of the routine: _____

TRAINING

When do you plan / wish to train?

TUESDAY		WEDNESDAY		THURSDAY	
Morning	Afternoon	Morning	Afternoon	Morning	Afternoon

TOURISTIC TOUR

Do you plan to participate to the touristic tour on Wednesday?

YES NO Number of people: _____

Date:	Signature & Stamp
President / General Secretary	

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 via e-mail dany.salles@ffnatation.fr and martin.papotgoanvic@ffnatation.fr