TEAM TRAINING CAMP LOCATION FORM



Please print or type all answer in English or French, and return to: FINA OFFICE

Avenue de l'Avant-Poste, 4 1005 Lausanne, Switzerland www.fina.org

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Tel: +41-21-310 47 10 Fax: +41-21-310 18 97

Federation: Discipline: SW SYN DOV OWS WP Date of arrival: Cddrmm/yy) 1.1 Contact Name of Responsible/Coach: Position: Fax: (area code/number) Mobile: (area code/number) Other: 1.2 Accommodation Name of hotel/apartment Address: Postal code: Town: Country: Phone: (area code/number) Phone: (area code/number) Fax: (area code/number) 2. TRAINING SCHEDULE Training place Pool's Name & Address:	۱.	TRAIN	IING CA	AMP	INFO	RMAT	ION							
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Training Time (From-To)				dress	:: _									
Training Time (From-To)					_									
DAY Monday Tuesday Wednesday Thursday Friday Saturday Sunday								Training	Time (From	1-To)				

TEAM TRAINING CAMP LOCATION FORM



First Name	Last Name	Date of Arrival*	Date of Departure		
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		*if different from th	e information given on sec		
CONFIRMATION C	F INFORMATION SU	BMITTED			
mber Federation:					
me of Official:		Title:			
nfirm that the information	on given above is correct.				