

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

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

1. TRAINING CAMP INFORMATION

Federation: _____

Discipline: SW SYN DV OWS WP

Date of arrival: _____ Date of departure: _____
(dd/mm/yy) (dd/mm/yy)

1.1 Contact

Name of Responsible/Coach: _____ Position: _____
Phone: (area code/number) _____ 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) _____ Fax : (area code/number) _____

2. TRAINING SCHEDULE

Training place

Pool's Name & Address: _____

Training Time (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	-	-	-	-	-	-	-
PM	-	-	-	-	-	-	-

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3. LIST OF ATHLETES

First Name	Last Name	Date of Arrival* (dd/mm/yy)	Date of Departure* (dd/mm/yy)
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*if different from the information given on section 1

4. CONFIRMATION OF INFORMATION SUBMITTED

Member Federation: _____

Name of Official: _____ Title: _____

I confirm that the information given above is correct.

Signature

Place and Date (dd/mm/yy)