

PRELIMINARY ENTRY FORM

FEDERATION: _____

CONTACT PERSON: _____

TEL / FAX: _____ E-MAIL: _____

	No MALE	No FEMALE
ATHLETES		
COACHES/TEAM MANAGER		
JUDGES		
MEDICAL & THERAPISTS		

No HOTEL ROOMS REQUIRED

	No ROOMS	ARRIVAL DATE	DEPARTURE DATE
SINGLE ROOMS (1 PERSON)			
SINGLE ROOMS (1 PERSON)			
DOUBLE ROOMS (2 PEOPLE)			
DOUBLE ROOMS (2 PEOPLE)			

ARRIVAL DATE:	
DEPARTURE DATE:	

DATE: _____

FEDERATION STAMP

NAME OF PRESIDENT OR SECRETARY OF FEDERATION: _____

SIGNATURE: _____

Please return before February 16th 2015
 TEAMS ARE EXPECTED TO ARRIVE ON MARCH 29TH 2015
 Email to: eventos@fmn.org.mx, clavados@fmn.org.mx, atencion@fmn.org.mx