

FEDERATION: _____

ADDRESS: _____

CONTACT PERSON: _____

E-mail: _____

Phone: _____

Diver		Gender		Individual				Synchro				Date of Birth		
				3 m.		10 m.		3 m.		10 m.				
No.	Fisrt Name and SURNAME	M	F	M	F	M	F	M	F	M	F	DD	MM	YY

No.	Fisrt Name and SURNAME	Gender		Staff - Team Leader / Judge / Coach etc.	Date of Birth		
		M	F		DD	MM	YY

Please return this form to:

internacional@rfen.es

 Return by **JUNE 13rd, 2018**

Date: _____

Federation Stamp

Signature: _____

President/General Secretary