

## Application Form

Competition:                      Men – 27m                                          Women – 20m   

Diver FAMILY NAME: \_\_\_\_\_

Diver Given Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth:                      Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

High Diver E-Mail: \_\_\_\_\_

Emergency Contact              Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

YouTube Video Link: \_\_\_\_\_

Dives you intend on doing at the competition: \_\_\_\_\_

Best high diving results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Mail Federation: \_\_\_\_\_

Signature of the President or  
General Secretary of the Federation: \_\_\_\_\_

Date:

Federation Stamp:

**Please return this form as soon as possible but no later than  
January 16, 2017 to the FINA Office in Lausanne:  
Email: [highdiving@fina.org](mailto:highdiving@fina.org) Fax: +41-21-312 6610**