

## FINAL ENTRY FORM

FEDERATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TEL: \_\_\_\_\_

**PLAYERS:**

No	FAMILY NAME	GIVEN NAME	DOB	PASSPORT NO.	EXPIRY DATE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

**OFFICIALS:**

FAMILY NAME	GIVEN NAME	GENDER	PASSPORT NO.	EXPIRY DATE	FUNCTION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN THIS NOT LATER THAN 24 August 2018 by [rus\\_waterpolo@mail.ru](mailto:rus_waterpolo@mail.ru)