

## PRELIMINARY ENTRY FORM

Thank you to return the form in the best delays and before **Monday, January 15<sup>th</sup> 2018**

### FEDERATION / CLUB DATA

**NAME** \_\_\_\_\_ **FED CODE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

### ESTIMATED SIZE OF THE DELEGATION

Male Swimmers	Female Swimmers	Team Staff	Judges	TOTAL

### PRELIMINARY ENTRIES (incl. number of routines)

Tech. Solo _____	Free Solo _____	Free Combo _____
Tech. Duet _____	Free Duet _____	Highlights _____
Tech. Mixed Duet _____	Free Mixed Duet _____	Gala _____
Tech. Team _____	Free Team _____	

### PRELIMINARY ACCOMMODATION BOOKING

**Hotel:**     3\*\*\*     4\*\*\*    1<sup>st</sup> choice: \_\_\_\_\_

**Hotel Rooms:**    Single(s) \_\_\_\_\_    Twin(s) \_\_\_\_\_    Triple(s) \_\_\_\_\_

**Nights:**     Mon. 5<sup>th</sup>     Tue. 6<sup>th</sup>     Wed. 7<sup>th</sup>     Thurs. 8<sup>th</sup>     Fri. 9<sup>th</sup>     Sat. 10<sup>th</sup>     Sun. 11<sup>th</sup>

**Date:**

**Signature & Stamp**

President / General Secretary

Please send back the application forms to the Local Organizing Committee  
 via e-mail [dany.salles@ffnatation.fr](mailto:dany.salles@ffnatation.fr) and [martin.papotgoanvic@ffnatation.fr](mailto:martin.papotgoanvic@ffnatation.fr)

## TRAVEL FORM

**The ground transportation is taken care of by the OC**

Thank you to return the form in the best delays and before **Wednesday, January 31<sup>st</sup> 2018**

### FEDERATION / CLUB DATA

NAME \_\_\_\_\_ FED CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON (on site) \_\_\_\_\_

PHONE (on site) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Arrival					
Date		Airport		Airline	
Time		Terminal		Flight N°	
N° of People		City of Origin			
Arrival <b>by bus from Bonn</b> (German Open) on Monday, March 5th					

Departure					
Date		Airport		Airline	
Time		Terminal		Flight N°	
N° of People		City of Destination			

Judges (if different)						
<b>Arrival</b>	Date		Airport		Airline	
	Time		Terminal		Flight N°	
	N° of People		City of Origin			
	Arrival <b>by bus from Bonn</b> (German Open)					
<b>Dep.</b>	Date		Airport		Airline	
	Time		Terminal		Flight N°	
	N° of People		City of Destination			

<b>Date:</b>	<b>Signature &amp; Stamp</b>
President / General Secretary	

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 via e-mail [dany.salles@ffnatation.fr](mailto:dany.salles@ffnatation.fr) and [martin.papotgoanvic@ffnatation.fr](mailto:martin.papotgoanvic@ffnatation.fr)

**FINAL ENTRY FORM**

Thank you to return the form in the best delays and before **Monday, February 5<sup>th</sup> 2018**

**FEDERATION / CLUB DATA**

**NAME** \_\_\_\_\_ **FED CODE** \_\_\_\_\_

**CONTACT PERSON (on site)** \_\_\_\_\_

**PHONE (on site)** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

ATHLETE													
NAME	First Name	M/W	Y of B	Tech. Solo	Free Solo	Tech. Duet	Free Duet	Tech. Mixed	Free Mixed	Tech. Team	Free Team	C.	H.

Reserve = R / Please also identify your duets if more than one: AA R<sup>A</sup>, BB R<sup>B</sup> ...

OFFICIALS			
TEAM MANAGER		JUDGE	
COACH		JUDGE	
COACH		MEDICAL	
COACH		OTHER	

<p><b>Date:</b></p> <p>President / General Secretary</p>	<p><b>Signature &amp; Stamp</b></p>
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## FINAL BOOKING FORM

Thank you to return the form in the best delays and before **Wednesday, January 31<sup>st</sup> 2018**

### FEDERATION / CLUB DATA

**NAME** \_\_\_\_\_ **FED CODE** \_\_\_\_\_

**CONTACT PERSON (on site)** \_\_\_\_\_

**PHONE (on site)** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

Hotel Choice\*: .....

Hotel Rooms: Single(s) ..... Twin(s) ..... Triple(s) .....

Nights:  Mon. 5<sup>th</sup>  Tue. 6<sup>th</sup>  Wed. 7<sup>th</sup>  Thurs. 8<sup>th</sup>  Fri. 9<sup>th</sup>  Sat. 10<sup>th</sup>  Sun. 11<sup>th</sup>

\*Hotels will be allocated on a "first come first serve" basis.

### ROOMING LIST

Single / Twin	Name 1	Name 2

**Date:** \_\_\_\_\_ **Signature & Stamp**

President / General Secretary

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## EXTRA INFORMATION FORM

Thank you to return the form in the best delays and before **Wednesday, January 31<sup>st</sup> 2018**

### FEDERATION / CLUB DATA

NAME \_\_\_\_\_ FED CODE \_\_\_\_\_

CONTACT PERSON (on site) \_\_\_\_\_

PHONE (on site) \_\_\_\_\_

E-MAIL \_\_\_\_\_

### EXHIBITION GALA

Do you intend to participate to the exhibition Gala?                      YES                      NO

Number of swimmers: \_\_\_\_\_ Duration of the routine: \_\_\_\_\_

### TRAINING

When do you plan / wish to train?

TUESDAY		WEDNESDAY		THURSDAY	
Morning	Afternoon	Morning	Afternoon	Morning	Afternoon

### TOURISTIC TOUR

Do you plan to participate to the touristic tour on Wednesday?

YES                      NO                      Number of people: \_\_\_\_\_

<b>Date:</b>	<b>Signature &amp; Stamp</b>
President / General Secretary	

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