

FEDERATION: _____

ADDRESS: _____

CONTACT PERSON: _____

E-Mail: _____

FAX-No: _____

We will not participate

We will participate

Participant Male Female

Divers

Officials

total

Hotel rooms required Single Double

Arrival Date

Departure Date

Please return this form to:

kontakt@springertag-rostock.de

till - **January 22 - 2018**

Federation Stamp

Date: _____

Signature: _____

President/General Secretary

