

PRELIMINARY ENTRY FORM

9-12 November 2017

FEDERATION: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

	NO OF MALE	NO OF FEMALE
ATHLETES		
COACHES/TEAM MANAGER		
JUDGES		
MEDICAL/THERAPISTS		

NO OF HOTEL ROOMS REQUIRED:	NO OF ROOMS	NO OF PEOPLE	ARRIVAL DATE	DEPARTURE DATE
1 BEDROOM APARTMENT (MAX 2 BEDS)				
2 BEDROOM APARTMENT (MAX 4 BEDS)				
3 BEDROOM APARTMENT (MAX 6 BEDS)				

	S	M	L	XL	XXL
JUDGES T SHIRT SIZES					

Submitted by President or Secretary General of National Federation

NAME:

POSITION:

DATE:

PLEASE EMAIL OR FAX PRELIMINARY ENTRY FORM & 50% DEPOSIT BY 15 SEPTEMBER 2017 TO:

BARBI DONNET

BDONNET@DIVING.ASN.AU

Phone: +617 3823 1444

Fax: +617 3823 1363

PRINCIPAL PARTNER


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