



FINAL ENTRY FORM

FEDERATION: _____

Contact person: _____

Tel. / Fax: _____ **E-mail:** _____

№	Athlete's Name		M/F	Passport №	Date of issue	Date of expiry*	3m	10m	3m Syn	10m Syn	Mixed Syn
	First Name	Family Name									
1											
2											
3											
4											
5											

List of Officials

№	First Name	Family Name	M/F	Position	Passport №	Date of issue	Date of expiry*
1							
2							
3							
4							
5							

Please forward with it passports copies and note, that the validity of passport must be not less than 6 (six) months before the date of expiry.

City of application for visas	
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TRAVEL DETAILS

	Date	Airport (SVO/DME)	Time	Airline & Flight number	Arrival from/ Departure to	№ of persons
Arrival						
Departure						

*Please fill in all the columns in order to supply us with complete information.

Signed:

Date:

Federation Stamp:

Please return this form by **February 10, 2015**

E-mail: chinadiving@163.com