

FEDERATION: _____
 ADDRESS: _____
 CONTACT PERSON: _____
 E-mail: _____
 Fax No.: _____

No.	Fisrt Name and SURNAME	Gender		Position <small>Team Leader/Diver/Judge, etc.</small>	Arrival Date	Departure Date	Rooms		
		M	F				Single	Twin	Triple
Total rooms									

Please return this form to:
javierfdez@rfen.es Return by **MAY 18th, 2015**

Date: _____ Federation Stamp Signature: _____

 President/General Secretary

