

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

We will not participate

We will participate

Participant	Male	Female
Divers	<input type="text"/>	<input type="text"/>
Officials	<input type="text"/>	<input type="text"/>
Judges	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	
T-shirt Size Judges (Ex: S, M, L, XL, XXL)	<input type="text"/>	<input type="text"/>

Hotel rooms required Single Twin Triple

Arrial Date

Departure Date

Please return this form to:

javierfdez@rfen.es

Return by **APRIL 15th, 2015**

Date: _____

Federation Stamp

Signature: _____

President/General Secretary