

FEDERATION: _____
 ADDRESS: _____
 CONTACT PERSON: _____
 E-mail: _____
 Phone: _____

We will not participate

We will participate

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

Hotel rooms required	Single	Twin	Triple
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrival Date	<input type="text"/>		
Departure Date	<input type="text"/>		

Please return this form to:

internacional@rfen.es

Return by **MAY 1st, 2018**

Date: _____

Federation Stamp

Signature: _____

President/General Secretary