

Federation: _____
 Address: _____
 Contact person: _____
 E-mail: _____
 Phone: _____

We will not participate
 We will participate

Participants	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)

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 by **April 1st, 2019** to:
internacional@rfen.es

Date _____

Federation Stamp

Signature: _____
 President/General Secretary