

Federation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Diver		Gender		Individual		Synchro		Date of Birth		
		M	F	3 m.	10 m.	3 m.	10 m.	DD	MM	YY
No.	Fisrt Name and SURNAME									

No.	Fisrt Name and SURNAME	Gender		Staff Team Leader / Judge / Coach etc.	Date of Birth		
		M	F		DD	MM	YY

Please return this form by **May 10th, 2019** to:  
[internacional@rfen.es](mailto:internacional@rfen.es)

Date: \_\_\_\_\_ Federation Stamp \_\_\_\_\_ Signature: \_\_\_\_\_ President/General Secretary \_\_\_\_\_