

PRELIMINARY ENTRY FORM

COUNTRY		COUNTRY CODE	
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	SURNAME	NAME	DATE OF BIRTH	PASSPORT NUMBER
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

TEAM OFFICIALS

	SURNAME	NAME	FUNCTION	PASSPORT NUMBER	GENDER
1					
2					
3					
4					
5					
6					
7					

Signature of President / General Secretary of Federation Date Stamp of Federation

Official E-Mail Address of the Federation : _____

Please return this form to waterpolo@podgorica2016.me by **10. July 2016**.

