

FINAL ENTRY FORM

27 -30 October 2016

FEDERATION: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

ENTRY LIST:

LAST NAME	FIRST NAME	M	F	3M	10M	SYNCHRO		MIXED SYNCHRO	
						3M	10M	3M	10M

LIST OF COACHES, TEAM MANAGER, OFFICIALS, THERAPISTS ETC:

LAST NAME	FIRST NAME	ROLE

Submitted by President or Secretary General of National Federation

NAME:

POSITION:

DATE:

PLEASE EMAIL OR FAX FINAL ENTRY FORM BY 19 SEPTEMBER 2016 TO: BARBI DONNET

BDONNET@DIVING.ASN.AU

Phone: +617 3823 1444

Fax: +617 3823 1363