

FEDERATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-Mail: \_\_\_\_\_

FAX-No: \_\_\_\_\_

Diver		Gender		Individual				Synchro				Date of Birth		
				3m		10m		3m		10m				
No.	Surname, First Name	M	F	M	F	M	F	M	F	M	F	DD	MM	YY

No.	Surname, First Name	Gender		Staff - Team Leader / Judge / Coach etc.	Date of Birth		
		M	F		DD	MM	YY

Please return this form to:  
[kontakt@springertag-rostock.de](mailto:kontakt@springertag-rostock.de)

till - **February 05 - 2018**

Federation Stamp

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

President/General Secretary

