



EUROPEAN JUNIOR DIVING CHAMPIONSHIPS 25-29 JUNE 2008 MINSK-BELARUS

The Federation of: _____ CODE:

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FINAL ENTRY FORM ATHLETES:

N	Competitors Name	Surname	F/M	Birh date dd/mm/yy	Passport number	EVENT			
						Spr. 1m	Spr. 3m	Platf.	Synchro Spr.3m
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TEAM STAFF AND OFFICIALS:

N	Name	Surname	F/M	Birh date dd/mm/yy	Passport number	POSITION
1.			/	/		PRESIDENT OF FEDERATION
2.			/	/		HEAD OF DELEGATION
3.			/	/		COACH
4.			/	/		COACH
5.			/	/		COACH
6.			/	/		COACH
7.			/	/		COACH
8.			/	/		COACH
9.			/	/		COACH
10.			/	/		MEDICAL PERSON
11.			/	/		MEDICAL PERSON
12.			/	/		JUDGE
13.			/	/		JUDGE

NAME OF FEDERATION _____
 PRESIDENT/SECRETARY GENERAL _____ SIGNATURE _____

DATE AND SIGNATURE: _____ STAMP OF THE FEDERATION _____

PLEASE SEND THIS FORM BACK TO:
 BELARUS SWIMMING FEDERATION – SURGANOVA STR. 2
 220012, MINSK, BELARUS
 FAX +375 172 922441/841286 or- EMAIL: bfp2002@mail.ru
 WITH A COPY TO LEN OFFICE
 FAX 0039.06.30364038 or EMAIL len@lenoffice.it
WITHIN AND NO LATER THAN 15 JUNE 2008