



ROMA JUNIOR DIVING CUP

ACCOMODATION FORM return to info@tuffimrsport.it

TEAM NAME		COUNTRY		National Team		Club representative
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CONTACT PERSON LAST NAME, FIRST NAME		E-MAIL		PHONE	
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REGISTRY DETAILS					DATES		SIGN WITH AN X		
N°	LAST NAME	FIRST NAME	POSITION <small>(DIVER, JUDGE, COACH)</small>	GENDER <small>(M/F)</small>	ARRIVAL	DEPARTURE	SINGLE ROOM	DOUBLE ROOM	TRIPLE ROOM