





PRELIMINARY ENTRY FORM return to info@tuffimrsport.it

TEAM N	AME					Natio	onal T	eam	
COUNTRY					Club representative				
CONTACT	F PERSON	NAME	S	SURNAME					
E-MAIL			PHONE NUMBE	R					
DO YOU NEED ADDITIONAL INFORMATION / QUOTES FOR									
ATHLETES AND STAFF ACCOMODATION						YES		NO	
ARRIVAL / DEPARTURE TRANSPORTATION						YES		NO	

	DIVERS LIST									
N°	SURNAME	NAME	М	F	YEAR	CAT.	1M	3M	РТ	SY

DELEGATION NUMBERS (INDICATIVE)								
TEAM LEADERS		COACHES		JUDGES & TEAM LEADERS				
SIGNATURE / STAMP								
By submitting this form, you consent to the terms and conditions for personal data usage as of the information bulletin.								