



#### **ANNEX 1**

#### **INITIAL ENTRY FORM**

(To be filled in and forwarded by 1st May 2011)

We will participate in the " $13^{\text{th}}$  CMAS FINSWIMMING JUNIOR EUROPEAN CHAMPIONSHIP 2011" in Miskolc - Hungary.

#### **Initial Entry Form:**

Please complete this form and sendinfo@buvar.hu not later than 1 <sup>th</sup> M		Hungarian Divers Federat	ion by e-mail spo@cmas.org and
Country			
Federation			
Total number of Athletes	Male	Fema	ıle
Total number of Officials	Male	Fema	ale
			· · · · · · · · · · · · · · · · · · ·
Total number of the delegation			
Declaration of liability: Release from liability: I/We hereby affiliates, the event Organizing Fed persons that participate at the even Inscriptions and signatures will on INSURANCE COVERAGE POLICY for Please check CMAS Procedures for Date,	eration and/or Comn nt in respect of all and ly be valid on the pre or participants.	nittee and staff, the venue I every action or claim about sentation by each Federat	owners, sponsors, and any other out accidents that may occur.

(President's Signature/ stamp)

(Full name in block letters)





#### **ANNEX 2**

#### PRELIMINARY HOTEL BOOKING FORM

(To be filled in and forwarded by 1st May 2011)

Please complete May 2011.	this form and send to Hung	garian Dive	rs Federation	by e-mail to in	fo@buvar.hu <u>not later tl</u>
Country					
•					
Federation					
Tolombono					
Telephone					
Fax		e-mail			
			1		
Please complet	e:				
	Number of Rooms		Date		
<u> </u>	Number of Rooms		From		То
Single					
Double Friple					
Triple					
		T		Data	
	Number of Rooms		From	<u>Date</u>	То
Single			TTOM		10
Double					
Triple					
<b>Extra Nights:</b> If you need extra	a nights, please fill in the foll	owing:		Data	
	Number of Rooms		From	<u>Date</u>	То
Single			110111		10
Double					
Triple					
		_			
	Number of Rooms			Date	
<u> </u>	Number of Rooms		From		То
Single					
Double					
Triple					





	Date of transfer :	Amount	See the attached document
B) 50% of total Amount and			
Bank Transfer	Date of transfer :		
Cash on Arrival			
BANK: Magyar Búvár Szakszövetség CIB Bank Zrt. H-1062 Budapest Andrássy út 70. Hungary		<b>N:</b> HU10 1070 00' <b>FT CODE:</b> CIBHHU	79 2616 3200 5010 0002 ЈНВ





### **ANNEX 3**

### **BANK TRANSFER FORM**

(Not later than 1st May 2011)

Please complete this form and send to Hungarian Divers Fed May 2011.	deration by e-mail info@buvar.hu <u>not later than 1<sup>th</sup></u>
We confirm that the payment ofEuro from acc our contribution for participation in the Finswimming Junior	
Date,2011	
(Presiden's t Signature/ stamp)	(Full name in block letters)





#### **ANNEX 4**

#### **COMPETITOR'S LIST FORM**

(Not later than 1st June 2011)

Please complete this form and send to CMAS HQ by	e-mail spo@cmas.org	g not later than 15 <sup>th</sup>	June 2011.
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Country							
Federation		1	1				
Athletes	Men		Wome				
Officials	Men		Wome	n			
n. Family Na	ame	First Name	Athlete, Train Delegation Ch Doctor, Judge, (	nief, l	Men	Women	Room type
1							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13 14							
15							
16							
17							
18							
19							
20							
ARRIVAL:	Date:		Time:				
			Flight				
Airport:			No.				
DEPARTURE:	Date:		Time:				
Airport:			Flight				
III por ti			No.				
Date,	2011						
(Presid	dent's Signature	e/ stamp)	_	(Full n	ame i	n block lette	 ers)





### **ANNEX 5**

### FINAL HOTEL BOOKING FORM

(Not later than 1st June 2011)\*\*\*

Please complet 15 <sup>th</sup> June 2011		garian Divers Federation	by e-mail info@buvar.hu <u>not later than</u>
Country			
Federation			
Telephone			
Fax		e-mail	
1 0		0	
Please comple	ete:		
•	Number of Rooms		Date
	Number of Rooms	From	То
Single			
Double			
Triple			
	Number of Rooms		Date
	Number of Rooms	From	То
Single			
Double			
Triple			
Extra Nights: If you need extr	ra nights, please fill in the foll	owing:	
	Number of Rooms	Eurom	Date
Single		From	То
Double			
Triple			
<b>p</b>			ı
			Date
	Number of Rooms	From	То
Single			
Double			
Triple			





(Full name in block letters)

Bank Transfer	Date of transfer :	See the attached document
B) 50% of total Amount an		
Bank Transfer	Date of transfer :	
Cash on Arrival		
BANK:		
Magyar Búvár Szakszövetség	5	
CIB Bank Zrt.	<b>IBAN:</b> HU10 10	70 0079 2616 3200 5010 0002
H-1062 Budapest	SWIFT CODE:C	ІВННИНВ
Andrássy út 70.		
Hungary		

(President's Signature/ stamp)