



Ayto. de Navia



Entry Form for Swimmers (and travel&lodging details)

Federation:		Federation code:	
Address:		E-mail:	
Contact person:		Phone:	Fax:

SWIMMERS ENTRY							
Nr	FAMILY NAME	Given Name	Sex	Year of birth	Arrival flight code & number	Accommodation assignment	
						Hotel name	Room type (1, 2, ... beds)

The responsible medical officer for this Federation must sign a certification of medical fitness to compete and ability to complete such an event in open water conditions for all above mentioned swimmers



Name of Doctor:

Signature:

LEN OWS CUP 2008 - Call to Navia's Leg

