



POZnań*



EUROPEAN JUNIOR CHAMPIONSHIPS

Synchronised Swimming

15 - 19 May 2013

PRELIMINARY ENTRY FORM

Please complete with capital letters in English.

Country:	Country code:			
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Name of the National Federation:	
Address:	
Email address:	
Phone no:	Fax no:
Contact person:	Function:

We will be sending a total of: swimmer(s) and team staff member (s)

Authorization of the National Federation by President or General Secretary	National Federation Seal
Name:	
Title:	
Signature:	
Date:	

Please return this form by 15 February 2013

Polish Swimming Federation ul. Marymoncka 34, 01-813 Warszawa

T: +48 22 835 35 89, +48 22 834 25 56, Fax +48 22 835 39 83 , Email: polswimkris@wp.pl , polswim@polswim.pl

with copy to the LEN Office, Fax: +352 2744916428, Email: lenoffice@len.eu



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PRELIMINARY HOTEL BOOKING FORM

Please complete with capital letters in English.

Country:	Country code:			
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Name of the National Federation:	
Address:	
Email address:	
Phone no:	Fax no:
Contact person:	Function:

Hotel Group	Arrival & Departure Dates:		No. of rooms required	
	Check in date	Check out date	Single	Twin

Hotel Group :

Group 1 : Novotel Malta * Single: 120 Euro Twin: 100 Euro**

Group 2: Camping Malta Single: 90 Euro Twin: 70 Euro**



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Name:	
Title:	
Signature:	
Date:	

Preliminary hotel booking and 20% payment should be received by: 15.02.2013

Payment details:

**Account owner: Polish Swimming Federation
Bank Name: PKO BP II O/Warszawa
Bank Address :Zablocinska 10, 01-697 Warszawa
Account number: 58 1020 1026 0000 1202 0213 4468
IBAN: PL 58 1020 1026 0000 1202 0213 4468
SWIFT: BPKOPLPW**

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