

BASIC INFORMATION SHEET

CMAS Individual Record attempt

Disciplino:			
Discipline:			
monofins		Bi-fins	without fins
Outdoor Sea Wat	cer		Outdoor Fresh Water
Athlete:			
Category:			
Country:			
1 5			
1. Details of	the organize	er	
Name:			
Adress:			
City:			
Zip Code:			
Country:			
Phone number:			
E-mail:			
2. Details of the athlete's federation			
	Name:		
	Adress:		
	City:		
Zip Code:			
	Country:		
Phone number:			
	F_mail:		

Number of athlete's licence:



3. Details of the person responsible for the organization

Name:
Adress:
City:
Zip Code:
Country:
Phone number:
E-mail:

4. Details of the place of the attempt

Date: From To

Territory:

Adress:

City:

Zip Code:

Country:

Phone number:

Nota Bene: Once the form filled, it has to be sent to CMAS office cmas@cmas.org, CMAS general secretary secretary.general@cmas.org and president of freediving commission tolis.cmas@gmail.com at least 60 days before the attempt (see applications in the Contract for Individual Record Attemps document on the CMAS website)