



CMAS 4^o APNEA EUROPEAN CHAMPIONSHIP 2014 from October 13 to 19, 2014

INITIAL ENTRY FORM (Before 2 September 2014)

We will participate in the CMAS APNEA EUROPEAN CHAMPIONSHIP 2014 in Tenerife(Canarias-SPAIN).

Initial Entry Form:

Please complete this form and send to CMAS HQ and a la Federación Española de Actividades Subacuáticas (FEDAS) by e-mail: fedas@fedas.es , spo@cmas.org fax. 0034 932 411 680 before 2 September 2014.

Country				
Federation				
Total number of Competitors	Male		Female	
Total number of Officials	Male		Female	
Total number of the delegation	N.			

Declaration Form:

Release from liability: I hereby declare that I exonerate of all liability however so arising, the CMAS, its affiliates, the event Organizing Committee and staff, the venue owners, sponsors, and any other persons that participate at the event, in respect to all and every action or claim about accidents that may occur.

*** Inscriptions will only be valid on the presentation, by each Federation, of the obligatory ACCIDENT INSURANCE COVERAGE POLICY for participants.**

Please check the CMAS Procedures for participation in CMAS Championship.

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Date, _____ 2014

(President Signature/ stamp)

(Full name in block letters)

HOTEL BOOKING FORM (Before September 2, 2014)

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: fedas@fedas.es and spo@cmas.org before September 2, 2014.

the registration fee without accommodation and transfers is: 450€

Country			
Federation			
Telephone			
Fax		e-mail	

Price from October 13 to 19, 2014, includes: Full board in double room, dinner and transportation (airport-hotel-pool) in **HOTEL PRINCIPE PAZ, Valentin Sanz, 33. Santa Cruz de Tenerife.**

Athlete	770€
Trainer	770€
Other	770€
Single room supplement	210€

Please complete:

	Number of Rooms	Date	
		From	To
Single			
Double			

	Number of Rooms	Date	
		From	To
Single			
Double			

Extra Nights:

If you wish to extend their stay, the price is 70 €/day single room;110€/day double room full board

	Number of Rooms	Date	
		From	To
Single			
Double			

	Number of Rooms	Date	
		From	To
Single			
Double			

Method of Payment:

Please check (x) in one of the following:

A) Total amount by

Bank Transfer		Date of transfer :		See the attached document
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B) 50% of total Amount and balance at the arrival

Bank Transfer		Date of transfer :		
Cash on Arrival				

BANK: Caixa d'Estalvis i Pensions de Barcelona-
IBAN: ES05 2100-0805-84-0200771826 **BIC:** CAIXESBBXXX

Date, _____ 2014

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ARRIVAL:	Date:		Time:	
Airport:			Flight No.	
DEPARTURE:	Date:		Time:	
Airport:			Flight No.	

Date, _____ 2014

(President Signature/ stamp)

(Full name in block letters)

