

ENGAGEMENT FORM FREE TEST RACE ONLY

CLUB NAME:

PRESIDENT:

E-MAIL

TELEPHONE:

MOBILE PHONE:

FAX:

ATTENTION: WRITE IN STAMP LETTERS, COMPLETE WITH ALL INFORMATION, COMPETITION DISTANCE.

PLEASE WRITE INSCRIPTION TIME FOLLOWS THIS MODEL (EX: 0.39,86).

SHORT FORM: AP=apnea - SF=surface - IM=immersion - BF=bi-fins

NUM	CMAS NUMBER	SURNAME NAME	YEAR	CAT	M/W	CLUB	RACE	TIME
1	ITAF00NAP002124	ROSSI MARIA	1980	SEN	W	ASD FINSWIMMING TEAM LIGNANO (ITALY)	1500 SF	15.00,00
2	ITAF00NAP002124	ROSSI MARIA	1980	SEN	W	ASD FINSWIMMING TEAM LIGNANO (ITALY)	400 IM	3.10,10
3	ITAF00NAP002126	VERDI GIOVANNI	1997	JUN	M	ASD FINSWIMMING TEAM LIGNANO (ITALY)	400 BF	4.05,00

RACE Nr.:

RELAY Nr.

Date

TRAINER / COACH

PRESIDENT