**Une image contenant texte, logo, Graphique, Police

Le contenu généré par l’IA peut être incorrect.**

**2025 CMAS African and Arab Finswimming Age Group Competition**

**Tunis 2 -7 September 2025**

**Annex 2**

**Booking Form (Before 12nd July 2025)**

Please complete this form and send it to CMAS HQ and Organising Committee by e-mail:

**contact@afroarab2025fsw.com**

We will participate in the CMAS Arab & African Finswimming Championship.

|  |  |  |
| --- | --- | --- |
| Country: | | |
| Federation/Club: | | |
| Telephone: | Fax: | e-mail: |

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete: | Number of Rooms | Date | |
| From | To |
| Single |  |  |  |
| Double / Triple / Quadruple |  |  |  |

**Extra Nights:** If you need extra nights, please fill in the following.

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete: | Number of Rooms | Date | |
| From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |

**Transportation**

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

|  |
| --- |
|  |
| **(President Signature / stamp)** |  | **(Full name in block letters)** |
|  |  |  |

|  |  |
| --- | --- |
| Number of passengers |  |