AIRPORT TRANSIT FORM

**ENCLOSURE 3**

**Please complete this form and send it to CMAS HQ and organizing Committee by e-mail:** [cmaswcyouth@kvsc.info](mailto:cmaswcyouth@kvsc.info) **till 14th November 2025.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Country:** | |  | | | | | | | | |
| **Club:** | |  | | | | | | | | |
| **Federation:** | |  | | | | | | | | |
| **Competitors:** | | **Boys:** | |  | | **Girls:** | |  | | |
| **Officials:** | | **Men:** | |  | | **Women:** | |  | | |
| **Nr.** | **Surname** | | | **First name** | | | **Athlete, trainer, Chief, Doctor, Parent, etc.** | | **Male** | **Female** |
| **1** |  | | |  | | |  | |  |  |
| **2** |  | | |  | | |  | |  |  |
| **3** |  | | |  | | |  | |  |  |
| **4** |  | | |  | | |  | |  |  |
| **5** |  | | |  | | |  | |  |  |
| **6** |  | | |  | | |  | |  |  |
| **7** |  | | |  | | |  | |  |  |
| **8** |  | | |  | | |  | |  |  |
| **9** |  | | |  | | |  | |  |  |
| **10** |  | | |  | | |  | |  |  |
| **11** |  | | |  | | |  | |  |  |
| **12** |  | | |  | | |  | |  |  |
| **13** |  | | |  | | |  | |  |  |
| **14** |  | | |  | | |  | |  |  |
| **15** |  | | |  | | |  | |  |  |
| **ARRIVAL** | | | **Date:** | |  | | **Time:** | | |  |
| **Airport/Terminal:** | | |  | | | | **Flight No.:** | | |  |
| **DEPARTURE** | | | **Date:** | |  | | **Time:** | | |  |
| **Airport/Terminal:** | | |  | | | | **Flight No.:** | | |  |

**Date,**

**………………………………….. ………………………………**

**Responsible”s signature / stamp Full name in block letters**