**ANNEX 3**

**COMPETITORS LIST FORM (Before May 13th 2025)**

Please complete this form and send it to CMAS HQ and Organizing Committee by e-mail: [**infowccoralsprings@gmail.com**](mailto:infowccoralsprings@gmail.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Country: | |  | | | | | | | | | | |
| Federation/Club | |  | | | | | | | | | | |
| Competitors | | Seniors Men | |  | | Seniors Women | |  | | | | |
| Competitors | | Juniors Men | |  | | Juniors Women | |  | | | | |
| Officials | | Men | |  | | Women | |  | | | | |
| n. | NAME | | FIRST NAME | | Athlete, Trainer, Delegation Chief, Doctor, Judge, Other | | Passport number | Male senior | Male Junior | Female senior | Female junior | Single room |
| 1 |  | |  | |  | |  |  |  |  |  |  |
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| ARRIVAL | Date: | |  | | Time | |  | |
| Airport |  | | | | Flight No. | |  | |
| DEPARTURE | Date: | |  | | Time | |  | |
| Airport |  | | | | Flight No. | |  | |
|  | |  | | Date | | | |
|  | | (President Signature / stamp) | |  | | (Full name in block letters) | |
|  | |  | |  | |  | |

Copy if necessary and number the pages

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