**ANNEXE 2**

**BOOKING FORM**

**ACCOMODATION**

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: appan2025col@gmail.com

**(Before June 30th 2025)**

We will participate in the CMAS Pan-American Championships Freediving Indoor.

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

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

Extra Nights

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

**TRANSPORTATION**

**Transfer**

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

**EXTRA SERVICE**

**Extra training:**

|  |  |
| --- | --- |
| Date  |  |
| Number of hours  |  |
| Number of swimmers  |  |

|  |  |
| --- | --- |
|  | **Date:** |
| **(President Signature)** |  | **(Full name in block letters)** |
|  |  |  |