**ANNEX 4**

**DELEGATION LIST FORM (Before October 31th, 2024)**

Please complete this form and send to CMAS HQ [spo@cmas.org](mailto:spo@cmas.org) and LOC by e-mail info@cmas-sportidiving-wc.org

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Country: | |  | | | | | | | | | | |
| Federation | |  | | | | | | | | | | |
| Competitors  Number | | Seniors Men | |  | | Seniors Women | | | |  | | |
| Competitors  Number | | Juniors Men | |  | | Juniors Women | | | |  | | |
| Officials  Number | | Men | |  | | Women | | | |  | | |
| n. | NAME | | FIRST NAME | | Athlete, Trainer, Delegation Chief, Doctor, Judge, Other | | Male Senior | Male Junior | Female Senior | | Female Junior | Room  Single (S) Double (D) |
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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) | |  |
|  |  |  | |  | |  | |  |