**ANNEX 4**

**CLUB 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: | |  | | | | | | | | |
| Club Name: | |  | | | | | | | | |
| Competitors number | | Seniors Men | |  | | Seniors Women | | | |  |
| Officials number | | Men | |  | | Women | | | |  |
| n. | NAME | | FIRST NAME | | Athlete, Trainer, Delegation Chief, Doctor, Judge, Other | | Male Senior | Female Senior | Room  Single (S) Double (D) | |
| 1 |  | |  | |  | |  |  |  | |
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| 16 |  | |  | |  | |  |  |  | |
| 17 |  | |  | |  | |  |  |  | |
| 18 |  | |  | |  | |  |  |  | |
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| 20 |  | |  | |  | |  |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ARRIVAL | | Date: | | |  | | | Time | | |  | | |
| Airport | |  | | | | | | Flight No. | | |  | | |
| DEPARTURE | | Date: | | |  | | | Time | | |  | | |
| Airport | |  | | | | | | Flight No. | | |  | | |
|  | |  | |  | | | Date | | | | | |  |
|  | |  | | (Signature / stamp) | | |  | | | (Full name in block letters) | | |  |
|  |  | |  | | |  | | |  | | |  | | |