**ENCLOSURE 3**

**COMPETITORS LIST FORM (Before April 5th 2024)**

Please complete this form and send it to CMAS HQ and Organising Committee by e-mail: **infowccoralsprings@gmail.com**

|  |  |
| --- | --- |
| Country: |  |
| Federation |  |
| 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 | Singleroom |
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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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