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**2025 CMAS African and Arab Finswimming Age Group Competition**

**Tunis 2 -7 September 2025**

**Annex 3**

**Participants List Form (Before 12th August 2025)**

Please complete this form and send it to CMAS HQ and Organising Committee

by e-mail: **contact@afroarab2025fsw.com**

|  |  |
| --- | --- |
| Country: |  |
| Federation/Club |  |
| Competitors | Men |  | Women |  |
| Officials | Men |  | Women |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **N.** | **NAME**  | **FIRST NAME**  | **Athlete, Trainer, Delegation Chief, Doctor, Judge, Other** | **Passport Number**  | **Single room**  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
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| **18** |  |  |  |  |  |
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| **22** |  |  |  |  |  |
| **23** |  |  |  |  |  |
| **24** |  |  |  |  |  |
| **25** |  |  |  |  |  |
| **26** |  |  |  |  |  |
| **27** |  |  |  |  |  |
| **28** |  |  |  |  |  |
| **29** |  |  |  |  |  |
| **30** |  |  |  |  |  |

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