**ANNEX 1**

**PRELIMINARY ENTRY FORM**

**(To be filled in and forwarded by 9th August 2016)**

We will participate in the Final round of the XI CMAS World Cup 2016 Tomsk-Russia.

**Preliminary** **Entry Form:**

Please complete this form and send it to the Tomsk Underwater Sports Federation by e-mail grishum@mail.ru

 not later than 7th August 2016.

|  |  |
| --- | --- |
| Country |  |

|  |  |
| --- | --- |
| Club |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of Athletes | Male |  | Female |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of Officials | Male |  | Female |  |

|  |  |
| --- | --- |
| Total number of the delegation |  |

Please check CMAS Procedures for participation in CMAS World Cup.

Date,

 (President’s Signature/ stamp) (Full name in block letters)

**ANNEX 2**

**PRELIMINARY HOTEL BOOKING FORM**

**(To be filled in and forwarded by 9th August 2016)\***

Please complete this form and send to the Tomsk Underwater Sports Federation by e-mail to info@buvar.hu

not later than 9th August 2016.

|  |  |
| --- | --- |
| Country |  |

|  |  |
| --- | --- |
| Club |  |

|  |  |
| --- | --- |
| e-mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Fax |  | phone |  |

**Please complete:**

|  |  |  |
| --- | --- | --- |
|  | **Number of Rooms** | **Date** |
| **From** | **To** |
| **Single** |  |  |  |
| **Twin** |  |  |  |
| **Triple** |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Number of Rooms** | **Date** |
| **From** | **To** |
| **Single** |  |  |  |
| **Twin** |  |  |  |
| **Triple** |  |  |  |

**Extra Nights:**

If you need extra nights, please fill in the following:

|  |  |  |
| --- | --- | --- |
|  | **Number of Rooms** | **Date** |
| **From** | **To** |
| **Single** |  |  |  |
| **Twin** |  |  |  |
| **Triple** |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Number of Rooms** | **Date** |
| **From** | **To** |
| **Single** |  |  |  |
| **Twin** |  |  |  |
| **Triple** |  |  |  |

**\* Please note that hotel bookings after 9th August 2016 may not be guaranteed.**

**Method of Payment:**

**Please check (x) in one of the following:**

**A) Total amount by bank transfer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method of payment** |  | **Date of transfer:** | **Amount** | **See the attached document** |
| **Bank transfer** |  |  |  |  |

**B) 50% of total Amount and balance at the arrival**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method of payment** |  | **Date of payment:** | **Amount** | **See the attached document** |
| **Cash on arrival:** |  |  |  |  |
| **Bank transfer:** |  |  |  |  |

**C) Total amount pay in cash on arrival**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method of payment** |  | **Date of payment:** | **Amount** |  |
| **Cash on arrival:** |  |  |  |  |

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2016

 (President’s Signature/ stamp) (Full name in block letters)

**ANNEX 3**

**BANK TRANSFER FORM**

**(Not later than 1st September 2016)**

Please complete this form and send to the Tomsk Underwater Sports Federation by e-mail grishum@mail.ru

not later than 1st September 2016.

We confirm that the payment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Euro from account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is our contribution for participation in the Final Round of the XI CMAS World Cup at Tomsk- Russia

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2016.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(President’s Signature/ stamp) (Full name in block letters)

**ANNEX 4**

**COMPETITOR’S LIST FORM**

**(Not later than 4th September 2016)**

Please complete this form and send to the Tomsk Underwater Sports Federation by e-mail grishum@mail.ru

 not later than 4th September 2016.

|  |  |
| --- | --- |
| **Country** |  |
| **Club/Team** |  |
| **Athletes** | **Men** |  | **Women** |  |
| **Officials** | **Men** |  | **Women** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| n. | Family Name | First Name | Athlete, Trainer, Delegation Chief, Doctor, Judge, Other | Men | Women | Roomtype |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |

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

Date,

 (President’s Signature/ stamp) (Full name in block letters)