

FINAL ENTRY FORM

(Please return by 1st September 2015)

Country/ Federation _____

Contact Person _____ **Contact Number** _____

Fax Number _____ **Email Address** _____

Team Entries

Last Name	First Name	Date of Birth	M/F	3M	10M	3M Synchro	10M Synchro

List of Officials (Coaches, Team Manager, Judge, Doctor, Etc.)

S/N	Name	M	F	Designation
1				
2				
3				
4				
5				

Signature **Federation Stamp** **Date**

(President/ Secretary General)

Email: diving@swimming.org.sg
 Fax: +65 6258 4793