



FINAL ENTRY FORM
International Youth Diving Meet
STOCKHOLM
May 3 – May 6, 2012



COUNTRY: _____

Contact Name: _____

Phone Number: _____

Adress: _____

E-mail: _____

Coaches _____

Judges _____

Food order (add total amount of people for each meal):

Tuesday **Lunch** _____ **Dinner** _____

Wednesday **Lunch** _____ **Dinner** _____

Thursday **Lunch** _____ **Dinner** _____

Friday **Lunch** _____ **Dinner** _____

Saturday **Lunch** _____ **Dinner** _____

Sunday **Lunch** _____ **Farewell party** _____

Arrival and Departure:

Arrival date: _____

Flight number and departure city: _____

Departure date and time: _____

Name	Year of birth	Gender	B 1m	B 3m	B platform	A 1m	A 3m	A platform
Synchronized Diving Team	Name				Name			

Depending on the amount of competitors we may change the time schedule for a convenient competition.
You are welcome to use our facilities for training during day time before, after and between the events.

_____ Date

_____ Signature and Stamp

Please return the Final Entry Form by **March 21, 2012** to the Office of Stockholms Polisens Idrottsförening per Mail: Textilgatan 43, 120 30 STOCKHOLM or per FAX: **+46-8-642 35 15** or Email: kansliet@polisensim.se