

Swim Open Stockholm

9 – 12 April 2022

Preliminary Entry Form

Please fill out the form on-screen.

| | |
|----------------|--|
| Team | |
| Address | |
| Phone | |
| E-mail | |
| Contact name | |
| Contact phone | |
| Contact e-mail | |

Team Size (expected numbers of...)

| | |
|-----------------|--|
| Female swimmers | |
| Male swimmers | |
| Team staff | |
| Total | |

Hotel booking

| | |
|-----------------|--|
| Requested hotel | |
| Date of arrival | |
| Date of depart. | |
| Single rooms | |
| Twin rooms | |
| Triple rooms | |
| Quad rooms | |

Please read the cancellation policy in the official invitation. Please return the form to:
management@swimopenstockholm.se