

FINAL ENTRY FORM

Country:				_ CODE:					≦	
We confirm o	our participa	tion (diver	s) as follo	ws:						
Last Name	First Name	Age Grou	up Year	of Birth	Sex	1m	3m	10m	3m Synchro	1
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We confirm o			ASSWORD IS YO	OUR 3 L ETTER						
Last Name		rst Name	Female	Male	Coach /Team Manager			Judge		
	1		1							
 Date		_			_		Çi	onature	and Stamp	

 $Please\ return\ this\ Form\ by\ \textbf{March\ 20,2023}\ to\ the\ Office\ of\ Dresden\ Diving\ Team\ by\ E-Mail: \\ \underline{vouthdivingmeet@gmail.com}$