



ROMA JUNIOR DIVING CUP

FINAL ENTRY FORM return to info@tuffimrsport.it

TEAM NAME			National Team
COUNTRY			Club representative

CONTACT PERSON	NAME		SURNAME	
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E-MAIL		PHONE NUMBER	
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DIVERS LIST										
N°	SURNAME	NAME	M	F	YEAR	CAT.	1M	3M	PT	SY

STAFF MEMBERS LIST						
N°	SURNAME	NAME	M	F	ROLE (COACH, LEADER, JUDGE)	PHONE NUMBER

SIGNATURE / STAMP	
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