

THE 87th JAPAN SYNCHRONISED SWIMMING CHAMPIONSHIPS OPEN
PRELIMINARY ENTRY FORM

Please return this form by e-mail or by fax no later than February 20th, 2011

FEDERATION: _____

CONTACT PERSON:
(Before arrival) _____

HEAD OF DELEGATION :
(On site) _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

FAX: _____

DELEGATION INFORMATION

We plan to participate as follows: SOLO _____ DUET _____ TEAM _____

FREE COMBINATION _____

Estimated number of your delegation: ATHLETES _____ OTHER _____

DATE _____ SIGNATURE _____

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