



ENCLOSURE 3

AIRPORT TRANSIT FORM

Please complete this form and send it to CMAS HQ and organizing Committee by e-mail: cmaswcyouth@kvsc.info till 8th November 2024.

Country:					
Club:					
Federation:					
Competitors:		Boys:		Girls:	
Officials:		Men:		Women:	
Nr.	Surname	First name	Athlete, trainer, Chief, Doctor, Parent, etc.	Male	Female
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
ARRIVAL		Date:		Time:	
Airport/Terminal:				Flight No.:	
DEPARTURE		Date:		Time:	
Airport/Terminal:				Flight No.:	

Date,

.....
Responsible's signature / stamp

.....
Full name in block letters