**ANNEX 3**

**COMPETITORS LIST FORM (Before 15 January 2025)**

Please complete this form and send it to CMAS HQ and Organising Committee by e-mail: [contact@pays-aix-natation.com](mailto:contact@pays-aix-natation.com)

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| Country: | |  | | | | | | | |
| Federation/Club | |  | | | | | | | |
| n. | NAME | | FIRST NAME | Athlete, Trainer, Delegation Chief, Doctor, Judge, Other | Passport number | Male senior | Male Junior | Female senior | Female junior |
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| Airport |  | | | | Flight No. | |  | |
| DEPARTURE | Date: | |  | | Time | |  | |
| Airport |  | | | | Flight No. | |  | |
|  | |  | | Date | | | |
|  | | (President Signature / stamp) | |  | | (Full name in block letters) | |
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Copy if necessary and number the pages

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