**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

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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) |
|  |  |  |  |

Copy if necessary and number the pages

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