**ANNEX 3**

**COMPETITORS LIST FORM (Before 30th May 2025)**

Please complete this form and send it to CMAS HQ and Organising Committee by e-mail: chiosFS2025@koe.org.gr

| Country |  |
| --- | --- |
| Federation |  |
| Club |  |
| Competitors | Masters Men |  | Masters Women |  |
| Officials | Men |  | Women |  |
| n. | NAME | FIRST NAME | Athlete, Trainer, Delegation Chief, Doctor, Judge, Other | Passport number | Male Master | Female Master  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

| ARRIVAL | Date: |  | Time |  |
| --- | --- | --- | --- | --- |
| 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