

PRELIMINARY ENTRY FORM

2019 COMEN CUP

Mediterranean Artistic Synchronized Swimming Cup

Federation _____ 3-letter code _____

Address _____

Contact person _____

E-Mail _____

Phone _____

COMEN Member No COMEN Member

We will tentatively participate in (please indicate the number of participants/routine)

| | Figures | Solo | Duet | Mixed Duet | Team | Combo |
|-----------|---------|-------|-------|------------|-------|-------|
| Swimmers: | _____ | _____ | _____ | _____ | _____ | _____ |

Please send the music of each routine as soon as possible **but not later than July 1st, 2019** via www.wetransfer.com or mail to: music2019@swiss-swimming.ch.

Named as followed: 3-letter-country-code_Event name_Swimmers name

For example: SUI_Solo_WURST Karen

Number of swimmers _____ Number of judges _____

Manager / Coaches _____ Other accompanying persons _____

Travelling by: Train Plane Own transportation

Dates: Arrival _____ Departure _____

Morning Afternoon Evening Morning Afternoon Evening

Please return this form as soon as possible **but not later than March 31st 2019 to:**

Organization Committee MedCup 2019, Swiss Artistic Swimming, CH-3063 Ittigen b. Bern

E-mail: medcup2019@swiss-swimming.ch with cc. to comen.secretary@cytanet.com.cy

Thank you.

Date: _____ Signature: _____