**ACROPOLIS SWIM OPEN 2024**

**Athens Olympic Aquatic Centre - Greece**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country |  | Country Code |  |  |  |

|  |  |
| --- | --- |
| Name of National Federation |  |
| Email Address |  |
| Contact Person |  |
| Phone No. |  |

**ROOMING LIST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Gender** | **Function** | **IN** | **OUT** | **Room Type** |
| Family Name | Given Name | M or F | Coach, Athlete, etc. | dd-mm | dd-mm | Twin / Single | No. |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |

Please return this form to our office before **8th of April 2023**

Contact E-Mail: g.giannou@koe.org.gr,

Date:

Signature and Stamp:

**\***All information should be typed, or printed legibly, not handwritten