

**Acropolis Swim Open 2024
Prize Money**

- Name.....
- Date of birth.....
- Address.....
.....
- Country.....
- E-mail.....
- Name of Bank.....
- Iban.....
- Bic/Swift.....

.....
Signature

Please attach to this form a copy of your passport.

The form and the copy of your passport can also be mailed to:
acropolis@koe.org.gr

