



PRELIMINARY ENTRY FORM
OPEN MASTER SYNCHRO CHAMPIONSHIP – MARCH 24TH-25TH, 2018

Federation/Club:	
Contact person:	
E-mail:	
Phone:	

Expected number of participants:

Swimmers:	
Judges:	

We intend to participate in:

SOLO	
Number	AGE GROUP

DUO	
Number	AGE GROUP

TRIO	
Number	AGE GROUP

TEAM	
Number	AGE GROUP

COMBO	
Number	AGE GROUP

Please return this form not later than December 31st, 2017, to fannybouvry@gmail.com