

**FIRST – SWIM MEET 06 - 07 may 2017**

**PRE REGISTRATION FORM**

Club ……………………………………………………………….

Responsible ……………………………………………………………….

Address ……………………………………………………………….

 ……………………………………………………………….

Telephone – Cell phone ……………………………………………………………….

E-mail ……………………………………………………………….

1. Participates in the FIRST swim meet on 06 - 07 may 2017
2. Will not participate

Estimated number of swimmers: ……………………..

Signature ………………………………….

To be sent back **before 31 March 2017** to

Hurtekant Johan

Geraardsbergsesteenweg 140 - 9090 Gontrode

BELGIUM

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