



FEDERAZIONE ITALIANA NUOTO

DECLARATION

I, the undersigned (1) _____

Responsible for (2) _____ hereby

Declare that all swimmers taking part in the (3) _____

To be held at (4) 11° Trofeo Città di Monfalcone (5) 2 luglio 2017

Are physically fit and are members of the (6) _____

It should be noted that, since the Referee is authorized to verify the identity of the competitors when their names are called, the swimmers should be sent out to the Clerk of Course in the order and in the manner laid down by the organization.

(signature)

- (1) First name and surname of person responsible
 - (2) Association of which he is member or Nationality represented
 - (3) Name of competition
 - (4) Venue
 - (5) Date(s) of competition
 - (6) Name of National Federation
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