***Golfo Aranci, Sardinia - Italy***

***October 10-11, 2025***

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| --- | --- | --- | --- | --- | --- |
| 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 or Athelete | dd-mm | dd-mm | Twin / Single | No. |
| 1 |  |  |  |  |  |  |  |  |
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| 12 |  |  |  |  |  |  |  |  |

Date:

Signature and Stamp:

Please return this form back to our office to

logistics@federnuoto.it

ows.worldcup.ita@gmail.com
events@smeraldaexperience.com

by **20 SEPTEMBER 2025**

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