



# TOURIST ORGANISATION CITY OF ŠABAC

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## ENTRY FORM

SWIMMERS NAME: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF SWIMMING CLUB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE(FAX): \_\_\_\_\_

GSM (MOBILE PHONE): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF COACH: \_\_\_\_\_

BEST PERFORMANCES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE

SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

NATIONAL FEDERATION OR

SWIMMING CLUB (SIGNATURE AND STAMP) \_\_\_\_\_

**\*PLEASE RETURN TO THE ORGANIZING COMMITTEE BEFORE JULY  
30th 2017 BY MAIL, FAX OR E-MAIL.**