**ACROPOLIS SWIM OPEN 2024**

**Athens Olympic Aquatic Centre - Greece**

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| Country |  | Country Code |  |  |  |

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| Name of National Federation |  |
| Email Address |  |
| Contact Person |  |
| Phone No. |  |

**ROOMING LIST**

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|  | **Name** | | **Gender** | **Function** | **IN** | **OUT** | **Room Type** | |
| Family Name | Given Name | M or F | Coach, Athlete, etc. | dd-mm | dd-mm | Twin / Single | No. |
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Please return this form to our office before **8th of April 2023**

Contact E-Mail: [g.giannou@koe.org.gr](mailto:g.giannou@koe.org.gr),

Date:

Signature and Stamp:

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