

DIETARY RESTRICTIONS

Please specify any severe allergies, medical considerations, or dietary restrictions for individuals within your delegation.

OTHER INFORMATION

Other Special Information / Notes / Comments

*Please mention any special considerations the LOC should know about that would prevent members of your delegation from walking a short distance between the hotel/metro and venue.

PROOF OF VALID TRAVEL-MEDICAL INSURANCE

IMPORTANT. The LOC is requesting to see proof of valid travel/medical insurance prior to arrival for all delegations. Please attach your certificate to this form, or send it by email to canadacup@diving.ca.

President or General Secretary Signature

Federation
Stamp



WE FLY | PLUS HAUT