



**ENCLOSURE 3**

**AIRPORT TRANSIT FORM**

Please complete this form and send it to CMAS HQ and organizing Committee by e-mail: [meszaros.agnes@kvsc.info](mailto:meszaros.agnes@kvsc.info) , [juhosg@gmail.com](mailto:juhosg@gmail.com) till 15<sup>th</sup> November 2023.

<b>Country:</b>					
<b>Club:</b>					
<b>Federation:</b>					
<b>Competitors:</b>		<b>Boys:</b>		<b>Girls:</b>	
<b>Officials:</b>		<b>Men:</b>		<b>Women:</b>	
Nr.	Surname	First name	Athlete, trainer, Chief, Doctor, Parent, etc.	Male	Female
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
<b>ARRIVAL</b>		<b>Date:</b>		<b>Time:</b>	
<b>Airport/Terminal:</b>				<b>Flight No.:</b>	
<b>DEPARTURE</b>		<b>Date:</b>		<b>Time:</b>	
<b>Airport/Terminal:</b>				<b>Flight No.:</b>	

Date,

.....  
Responsible's signature / stamp

.....  
Full name in block letters