

BAHAMAS AQUATICS FEDERATION

APPLICATION FOR TRAVEL PERMIT

SECTION A	Host Club Informa	ATION:			*	
Host Club/Team Name:			Club ID Code:			
lost Club/Team Addi	ress:					
enue:	Date(s) of Competition(s):					
anctioning Body:			FINA Country Co	ode:	aran .	
ECTION B	Invited BAF Club Information:					
BAF Club Name :	Club ID Code:					
	Œ			11.00		
SECTION C	BAF SWIMMER INFO	ORMATION				
NAME OF SWIMMER		BAF Registration #	BIRTH DATE	AGE	SEX	
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Signatu	re of Coach/Club Official		Date			
SSECTION D	BAF Approval					
I certify that the	above-named BAF Swimm tioned in Section A hereof.	er(s) is/are currently registered wi	th this Federation and is/	are approved to	participate	
Name of BAF Officer		Title	Title		Date	

P.O Box SS 6166 Nassau, Bahamas Affiliated to the : F.I.N.A C.C.C.AN. B.O.A