



NOMINATION FORM

FINA Synchronised Swimming Judges Schools 2010

Place of the school: _____

Dates of the school: _____

**NATIONAL
FEDERATION:** _____

1. Family name: _____

First name: _____

2. Family name: _____

First name: _____

3. Family name: _____

First name: _____

4. Family name: _____

First name: _____

Signature of President or
General Secretary of
Federation: _____

Date: _____ Name: _____

Official Stamp:

**PLEASE RETURN THIS COMPLETED FORM TO THE FINA OFFICE IN
LAUSANNE (SUI) BY FAX (41-21) 312 6610 OR BY EMAIL: schools@fina.org**

Please copy this form depending on the number of judges you wish to nominate for the school. Please kindly note that incomplete forms will not be considered.