SVØM DANMARK

Application Form

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Meet : **Danish Long Course Championships 2027** Date: _____

Team : _____ Country: _____

Number of entries	**Participating swimmers**
Individual :	Female :
	Male :

Contact Person(s) for this meet

Name :	Name :
Address :	Address :
Postal code:	Postal code:
City :	City :
Country :	Country :
Telephone :	Telephone :
Email :	Email :