



AUTHORISATION OF SUBSCRIPTION TO THE AUSTRIAN SWIMMING FEDERATION

To fill up by the general secretary or president of the national federation of the previous club

FEDERATION: _____ CODE: ____

Competitor who wants to change the club:

NAME: _____

DATE OF BIRTH: _____ NATIONALITY: _____

GENDER: _____

PREVIOUS CLUB: _____

New club affiliated to the Austrian Swimming Federation:

NAME: _____

only for training

also for training and competition

periode: from _____ to _____

no time limit

Name: _____

Date: _____

Function: _____

Signature: _____

Stamp