



NOMINATION FORM
FINA DIVING JUDGES CERTIFICATION COURSE 2010

Place of the course: _____

Dates of the course: _____

NATIONAL FEDERATION: _____

1. Name _____

Surname _____

2. Name _____

Surname _____

3. Name _____

Surname _____

4. Name _____

Surname _____

Signature of President or
General Secretary of Federation: _____

Date: _____ Name: _____

Official Stamp:

Please photocopy this form depending on the number of judges you are nominating

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