



**POOL PACKAGE REGISTRATION FORM
CARIFTA 2014**

Name: _____
Address: _____
Country: _____

Home phone: _____ **Cell phone:** _____
Fax: _____ **E-mail:** _____

**All supporters taking advantage of the Pool package, are required to
return their registration by April 3, 2014 to:**

Aruban Swimming Federation (Arubaanse Zwembond)
Organizing Committee CARIFTA 2008 Swimming Championships
Complejo Deportivo Guillermo P. Trinidad
P.O. Box 1226 Oranjestad, Aruba

Organizing Committee:

Esther Croes: info@arubaswimming.com
Fax: (+297) 586 0593 Cell: 297-593-0674
Stella Leslie: stellaleslie@hotmail.com
Fax: (+297) 582 0943 Cell: 297-593-3304
Marion Kan: mkan_aps@yahoo.com
Fax: (+297) 586 0593 Cell: 297-593-1788

**Payments can be made at the pool on the first day of competition,
April 22, 2014 in the form of cash only.**