



SUPPORTERS' PACKAGE REGISTRATION FORM CARIFTA 2014

Name: _____
Address: _____
Country: _____

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

Date and Time arrival in Aruba: _____
Date and Time of Departure: _____

Airline plus flight #: _____ **Airline plus flight #:** _____

Hotel Booked: _____ **Dates:** _____

**All supporters taking advantage of the full package, are required to
return their registration and payment of \$185 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 Cores: 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

Wire instructions:

J.P. Morgan/Chase New York
ABA number: 021000021, SWIFT CODE CHASUS33
For further credit to Aruba Bank N.V., SWIFT CODE ARUBAWAX
CAMACURI 12, ARUBA
To the account of Arubaanse Zwembond (AZB),
PALMITA STRAAT 6B, ARUBA
Account number 110006211

**Please note that commission charges must be paid by supporter and that the
fees received by the host Country must equate the amount invoiced. Further,
please have the bank put your name on the wire transfer so we know from
whom we receive funds. No cash refunds will be applied on cancellations.**