



Curacao Sharks Aquatics Synchronized Swimming International Coaches Clinic 2014/2017

TO: ALL Federations and Clubs in the Caribbean
FROM: Curacao Sharks Aquatics Club
DATE: February 19th, 2014
RE: Synchronized Swimming Coaches Clinic
May 5-9, 2014 Willemstad, Curacao

Dear Synchronized Swimming Friends,

It is with great pleasure that we would like to invite you to our coaches and athletes clinic. The clinic will cover the new figures and rules for the 2014 - 2017 quadrennial.

Please note the following information related to the clinic:

- ❖ The clinic will be headed by Ms. Jennifer Gray from Great Britain, who is a member of the FINA Technical Synchronized Swimming Committee.
- ❖ Each Club or Federation participating in the clinic may bring a maximum of three athletes.
- ❖ Each Federation/Club is responsible for the travel expenses of the nominated coaches/athletes.
- ❖ Curacao Sharks Aquatics will make arrangements for accommodation at the Howard Johnson Hotel for the duration of the clinic. Each Federation/Club is responsible for the hotel expenses of the nominated coaches/athletes.
- ❖ Curacao Sharks Aquatics provides for reserving accommodation and consumption
- ❖ **PARTICIPANTS** : Each Member Federation/Club may nominate Coaches for this clinic.
The nomination must be received via email at curacaosharks@yahoo.com with copy to adria43enadria1970@gmail.com
- ❖ **DEADLINE** : **Nomination are to be sent No later than the 25th march 2014** (please use the attached *Nomination Form*).
- ❖ **PLACE** : Willemstad, Curacao
- ❖ **ARRIVAL AIRPORT** : Curacao International Airport HATO
- ❖ **Date** : **Arrival:** 04th may 2014
- Costs** : **\$ 75.00 (ANG 125) per participant (coach or athlete), max 2 coaches, 4 athletes.**
- Course** : 05th -09th of May 2014
- Departure** : May 09th (evening) or May 10th (morning)



NOMINATION FORM

Curacao Sharks Aquatics Synchronised Swimming Coaches Clinic 2014

Place of the Clinic: Curacao
Dates of the Clinic: May 5-9, 2014
Federation/Club:

Coaches:

Athletes:

1.

Family name: _____
First name: _____

Family name: _____
First name: _____

2.

Family name: _____
First name: _____

Family name: _____
First name: _____

Family name: _____
First name: _____

Family name: _____
First name: _____

Signature of President or General Secretary of
Federation/Club: _____

Date: _____

Name: _____

Official Stamp:

**PLEASE RETURN THIS COMPLETED FORM BEFORE MARCH 25th 2014,
TO Curacao Sharks Aquatics Club, Email: curacaosharks@yahoo.com, CC to
adria43enadria1970@gmail.com**