

Swim Open Stockholm

5 – 8 April 2024

Preliminary Entry Form

Please fill out the form on-screen.

Team	
Address	
Phone	
E-mail	
Contact name	
Contact phone	
Contact e-mail	

Team Size (expected numbers of...)

Female swimmers	
Male swimmers	
Team staff	
Total	

Hotel booking

Official hotel	
Date of arrival	
Date of depart.	
Single rooms	
Twin rooms	
Triple rooms	
Quad rooms	

Please read the cancellation policy in the official invitation. Please return the form to:
management@swimopenstockholm.se