



**REGISTRATION FORM**  
**LEARN TO SWIM BY DOSB (Deutscher Olympischer Sportbund)**  
**Bandung, 10 – 19 November 2024**  
**Bali, 22 November – 1 December 2024**

I, the undersigned, declare ;

Name ( as per KTP / Passport ) :  
 No. KTP / Passport :  
 Place & Date of Birth :  
 Gender :  
 Nationality :  
 Home Address :  
  
 Phone Number :  
 Email :  
 Last Education :  
 Occupation :  
 Experiences in Aquatic



Motivation for participating in the Learn to Swim Program by DOSB (must be in English) :

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I confirmed that the provided data is correct. I am fully responsible to any discrepancies of the truth of data and aware of legal binding which may be taken by Indonesia Aquatics.

....., ..... October 2024

Verified by;  
 Instance .....

Applicant ;

.....  
 (.....)

.....  
 (.....)

Attachments : 1.) Copy of KTP/Passport. 2.) Pass Photo 4 x 6 cm. 3.) Recommendation from the relevant institution/company/firm. 4.) Form Registration. 5.) Proof of Payment fee facilities. All attachments are submitted to the Secretariat of Indonesia Aquatics via ([indoswimfed@gmail.com](mailto:indoswimfed@gmail.com)) for verification and validation.