

ACCOMMODATION FORM

FEDERATION	
CONTACT NAME	
E - MAIL	
MOBILE PHONE	

	NUMBER OF ROOMS	CHECK IN DATE	CHECK OUT DATE
SINGLE ROOM			
DOUBLE ROOM			
APARTMENT			

HOTEL – REFEREE WITH THE TEAM:

	Single or Double	CHECK IN DATE	CHECK OUT DATE
SINGLE ROOM			
DOUBLE ROOM *			
*Sharing with:			

Signature of President / General Secretary of Federation

Federation Stamp

Please return this form to nationalteams@waterpolo.org.nz by **8 February 2018**

