

ACCOMMODATION FORM

COUNTRY		COUNTRY CODE			
FEDERATION					
ADDRESS					
CONTACT NAME					
E - MAIL					
MOBILE PHONE					

ARRIVAL DATE		DEPARTURE DATE	
FLIGHT NUMBER		FLIGHT NUMBER	

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

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 accommodation@waterpolo-berlin.de by **18.08.2018**