

## ACCOMMODATION BOOKING FORM

<b>FEDERATION</b>	
<b>CONTACT NAME</b>	
<b>E - MAIL</b>	
<b>MOBILE PHONE</b>	

**HOTEL NAME – TEAM:**

**Preference 1:** \_\_\_\_\_

**Preference 2:** \_\_\_\_\_

	NUMBER OF ROOMS	CHECK IN DATE	CHECK OUT DATE
<b>SINGLE ROOM</b>			
<b>DOUBLE ROOM</b>			

**HOTEL – REFEREE WITH THE TEAM:**

	Single or Double	CHECK IN DATE	CHECK OUT DATE
<b>SINGLE ROOM</b>			
<b>DOUBLE ROOM *</b>			
<b>*Sharing with:</b>			

\_\_\_\_\_  
Signature of President / General Secretary of Federation

\_\_\_\_\_  
Stamp of Federation

Please return this form to [waterpolo@podgorica2016.me](mailto:waterpolo@podgorica2016.me) by **10. July 2016**.

