

ACCOMMODATION FORM

15 - 18 November 2018

FEDERATION: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Apartment with 1 bed

No.	LAST NAME	FIRST NAME	M/F	ROLE	CHECK IN DATE	CHECK OUT DATE
1						

Apartment with 2 beds

No.	LAST NAME	FIRST NAME	M/F	ROLE	CHECK IN DATE	CHECK OUT DATE
1						
2						

Apartment with 3 beds

No.	LAST NAME	FIRST NAME	M/F	ROLE	CHECK IN DATE	CHECK OUT DATE
1						
2						

Apartment with 4 beds

No.	LAST NAME	FIRST NAME	M/F	ROLE	CHECK IN DATE	CHECK OUT DATE
1						
2						

Apartment with 5 beds

No.	LAST NAME	FIRST NAME	M/F	ROLE	CHECK IN DATE	CHECK OUT DATE
1						
2						

Apartment with 6 beds

No.	LAST NAME	FIRST NAME	M/F	ROLE	CHECK IN DATE	CHECK OUT DATE
1						
2						

Submitted by President or Secretary General of National Federation

NAME:

POSITION:

DATE:

PLEASE EMAIL FINAL ACCOMMODATION FORM BY 8 OCTOBER 2018 TO: BARBI DONNET

barbi@diving.org.au

Phone: +617 3823 1444

PRINCIPAL PARTNER

