

## ACCOMMODATION FORM

### 8 - 10 November 2019

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 1 OCTOBER 2019 TO: BARBI DONNET

[divinginnoations@gmail.com](mailto:divinginnoations@gmail.com)

Phone: +617 3823 1444

PRINCIPAL PARTNER

