

## Provisional Entry & Accommodation Form

Please fill in and return before April 15<sup>th</sup>, 2017 to [secretaria@fpnatacao.pt](mailto:secretaria@fpnatacao.pt)

<b>Federation:</b>	_____	<b>Country Code:</b>	_____
<b>Phone</b>	_____	<b>email</b>	_____

<b>Contact Person</b>	_____
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Estimated Team Delegation	
<b># of Male Swimmers</b>	_____
<b># of Female Swimmers</b>	_____
<b># of supporting Staff</b>	_____

Hotel Choice	Esperança	Sado
_____	_____	_____

**Number of rooms required:**

Single	Twin	Triple	Quadruple	In	Out	Total Nights
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Single:	_____	persons	x	€	x	_____	nights	=	_____	€
Twin:	_____	persons	x	€	x	_____	nights	=	_____	€
Triple*:	_____	persons	x	€	x	_____	nights	=	_____	€
Quadruple*:	_____	persons	x	€	x	_____	nights	=	_____	€

**\*Triple and Quadruple available only in Hotel do Sado**

Total	_____	€
50%	_____	€

(to be paid by bank transfer before April 15<sup>th</sup>, 2017)

**Bank Details as follows:**

Account Name - Federação Portuguesa de Nataçao  
 Bank Name - Banco Santander  
 Bank Address - Rua Alves Redol 17/21, 2600-099 Vila Franca de Xira - Portugal  
 Account Number (IBAN) - PT50 0018 0003 1333 0170 02088  
 Swift Code- TOTAPTPL  
 Ref - FINA/HOSA\_10km\_(Country code)

Date \_\_\_/\_\_\_/\_\_\_

Signature & Stamp\_\_\_\_\_