**ENCLOSURE 2**

**BOOKING FORM**

**ACCOMODATION**

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: [**infowccoralsprings@gmail.com**](mailto:infowccoralsprings@gmail.com)..

**No later than (May 08 - 2020)**

We will participate in the XV CMAS Finswimming World Cup 2020 - Fourth Round.

|  |  |  |
| --- | --- | --- |
| Country: | | |
| Club or Federation: | | |
| Telephone: | Fax: | e-mail: |
| Name of the Hotel |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete: | Number of Rooms | Date | |
|  | From | To |
| 1 person – king bed |  |  |  |
| 2 people – 2 Queen beds |  |  |  |
| 3 people – 2 Queen beds |  |  |  |
| 4 people – 2 Queen beds |  |  |  |

**Extra Nights:** If you need extra nights, please fill in the following.

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete: | Number of Rooms | Date | |
|  | From | To |
| 1 person – king bed |  |  |  |
| 2 people – 2 Queen beds |  |  |  |
| 3 people – 2 Queen beds |  |  |  |
| 4 people – 2 Queen beds |  |  |  |

**TRANSPORTATION**

**Transfer (according with the rules of the WC)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ARRIVAL | Date: |  | Time |  |
| Airport |  | | Flight No. |  |
| DEPARTURE | Date: |  | Time |  |
| Airport |  | | Flight No. |  |

**Local Transportation**

|  |  |
| --- | --- |
| Number of peoples |  |

|  |  |  |
| --- | --- | --- |
|  | **Date:** | |
| **(President Signature / stamp)** |  | **(Full name in block letters)** |
|  |  |  |