

Country







FINAL HOTEL BOOKING FORM Before 31 May 20120

Please complete this form and send it to CMAS HQ and Organizing Committee by mail spo@cmas.org and wcapnbelgrade2020@gmail.com no later than 31 May 2020.

Federation					
Competitors	Men			Women	
Officials	Men			Women	
Please complet	te: Hotel				
Number of Rooms		oms	Date		
+			From		То
Single					
Double					
Triple					
	Number of Rooms		Date		
			From		То
Single					
Double					
Triple					
	If you need extra	a nights,	please fill in the	e following	
	f you need extra			Da	ate
	If you need extra		please fill in the	Da	ate To
Extra Nights:				Da	
Extra Nights: Single Double				Da	
Extra Nights: Single				Da	
Extra Nights: Single	Number of Ro	ooms		Da	То
Extra Nights: Single Double		ooms		Da	
Extra Nights: Single Double Triple	Number of Ro	ooms	Fron	Da	To
Extra Nights: Single	Number of Ro	ooms	Fron	Da	To