



## **CHECK IN FORM**

## Annex 3

Please send Annex 3 by the **20<sup>th</sup> of May 2021** to: <u>ecuwr2021@nif.idrett.no</u> and bring it to the check in of your Hotel.

Country

Federation

Gender

No. of guests

## **Contact person**

Please provide contact data for a contact person such as the coach or team captain. The hotel will contact him/her in case of any problems.

Full name	Date of birth

Phone number	Email address	Role (coach, captain, etc)

Please note that your federation will be held accountable and billed for any damages incurred in hotel rooms or at the camp site that were caused by your team as well as any costs incurred at the hotels that were not settled before departure.





## Data of all delegation members (including support team)

Please provide data for easier check-in of all members of your delegation. (only type)

Full name	Date of birt	n Room pair	Allergies
NO	RG	iES	
Date. (President Signature/stamp)	FO	RBL	JND