**ENCLOSURE 2**

**BOOKING FORM**

**ACCOMODATION**

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

**(Before March 20 th 2024)**

We will participate in the XVIII CMAS Finswimming World Cup 2024 – Round three.

|  |
| --- |
| Country:  |
| Club or Federation: |
| Telephone: | Fax: | e-mail: |

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

**TRAVEL INFORMATION**

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

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

**EXTRA SERVICE**

**Extra training :**

|  |  |
| --- | --- |
| Date  |  |
| Number of hours  |  |
| Number of swimmers  |  |

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