**ANNEXE 2**

**BOOKING FORM**

**ACCOMODATION**

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

**(Before April 28th 2025)**

We will participate in the 2025 CMAS World Cup Finswimming Indoor, Coral Springs - USA.

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

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

**EXTRA SERVICE**

**Extra training:**

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

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