**ENCLOSURE 2**

**BOOKING FORM**

**ACCOMODATION**

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

**No later than (April 15 - 2019)**

We will participate in the XIV CMAS Finswimming World Cup 2019 - 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)** |
|  |  |  |