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| --- | --- |
| **Federation** |  |

|  |  |  |
| --- | --- | --- |
| **Room** | **(1/2/3)** | **Please type all names at the room** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

1 = Single room / 2 = Doubles room / 3 = 3-bed room

**Delivery information:**

Final delivery deadline: (Type the deadline agreed upon with the Championship Director)

Host contact person: (Type the name of the person receiving the forms)

Host mobile number: (Type the mobile number of the form receiver)

Host email address: (Type the email address of the form receiver)