



PRELIMINARY ACCOMODATION BOOKING FORM

Please return the form before Sep 1st 2015

Name Of Federation: _____ Code: _____
 Address: _____
 Contact Person: _____
 Phone: _____ Fax: _____
 E-Mail: _____

1st choice of hotel: _____ 2nd choice of hotel: _____

	Date of Arrival	Date of Departure	Number of Days	Number of Rooms				Total
				Single Room	Price Per Day	1/2 Twin Room	Price Per Day	
Athletes								
Team Staff								
Officials								
Delegates								
Total								
50% Deposit due								

* Local bank charges fees 24 Euro per transfer- Must be added.

* Insert and pay according to 1st choice

* Check in after 15:00, Check out before 11:00

Date: _____ / _____ / _____

Name of President/Secretary General: _____ Signature and Stamp: _____

OFFICIAL SPONSORS



OFFICIAL SUPPLIERS



INSTITUTIONAL PARTNERS



MEDIA PARTNERS



Please return this preliminary entry form to:
 Netanya 2015 Local organizing Committee
 E Mail : office@isr2015ec.org or via Fax - 972-9-8851969
 www.isr2015ec.org