

Hotel Reservation Form

Federation		VAT Number	
Email		Telephone No	
Address			
Rep for the Delegation		Mobile No	

Date of Arrival	Time of Check In	Date of Departure	Time of Check out	N of Nights	Category (athletes, official, referee etc)	Hotel	Guests per Room (1/2/3)	Board Basis (BB / HB/FB)	Name of Guests	Total Amount (€)
									Total:	

Please send this document, completed to the RFEJYDA (fuengirola17@rfejudo.com) before the Wednesday, February 1, 2017.

DATE: _____

Signature of the head of the delegation and stamp of the federation.