**Form to be sent to:LOC /Host Federation**

|  |  |
| --- | --- |
| Organized: Maccabi GYM Qiryat BialikEmail: maccabigym.q.bialik@gmail.com, Tel: +972 522369817( Contact Person Angela Feldman) | Israel Gymnastics Federation: Shitrit St.4, Tel AvivTel: +97236491476Fax: +97296491478Email: gymnast@netvision.net.il |

 **Deadline:** D/M/Y

**ACCOMMODATION FORM**

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| **Federation** |  | **E-mail** |  |
| **Contact Person** |  | **Phone** |  |

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| **Hotel name** | **Room type**(i.e. single/double/triple/quadruple) | **Arr. Day** | **Dept. Day** | **Last Name,****First Name** | **Function** | **Price per Person per Night** | **№ of Nights** | **Total** |
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| **Grand Total:** |  |

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| **Special requirements** |  |

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| **Place and date** | **Seal of the NF** | **NF authorised signature** |
|  |  | Signature of the President or Secretary General of the participating FIG affiliated NF |