Form to be send to:Organizing Committee / Host Federation

|  |  |
| --- | --- |
| **Organized**: Maccabi GYM Qiryat BialikEmail: maccabigym.q.bialik@gmail.comTel: +972 522369817Contact Person: Angela Feldman | Israel Gymnastics FederationSt. Shitrit 4, Tel AvivTel: +97236491476Fax: +97296491478Email: gymnast@netvision.net.il<http://www.gym.org.il> |

**Deadline:** 05/10/2018

**TRAVEL SCHEDULE FORM**

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

If the team delegation is scheduled on more than one transportation mean, please complete one form for
each transportation mean. For earlier arrival or later departure please contact the LOC.

|  |
| --- |
| **Arrival information** |
| # of persons |  | # of luggage |  |
| Date: |  | Arrivaltime |  |
| [ ]  By airplane | Airport: |  | Flight # |  | From |  |
| [ ]  By train | Station: |  | Train # |  | From |  |
| [ ]  By bus *(complete if needed)* | Station: |  | Bus # |  | From |  |
| [ ]  By car |  |

|  |
| --- |
| **Departure information** |
| # of persons |  | # of luggage |  |
| Date: |  | Departure time |  |
| [ ] By airplane | Airport: |  | Flight # |  | To |  |

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