Form to be send to:Organizing Committee / Host Federation

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