Form to be sent to:

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| --- |
| **Organizing Committee /Host Federation** |
| **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> |
| Munipalitet Qiryat Bialik  Organized: Maccabi GYM Qiryat Bialik  Email: maccabigym.q.bialik@gmail.com  Tel: +972 522369817( Angela)  Fax: +972 48712016 |
|  |

**Deadline: 14/09/201**

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| **ACCOMMODATION Form** |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Package / 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 |