|  |
| --- |
| Please email or fax to Organizing Committee at: echmaribor2015@shooting.si or +386 1 428 0583 |

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| --- | --- | --- |
| PRELIMINARY HOTEL FORM | Please return by | 18th FEB 2015 |
| Name of federation |  | Nation (3 letter code) |  |
| Contact person |  | Phone number |  |
| E-mail address |  | Fax number |  |

|  |  |  |
| --- | --- | --- |
| Hotelchoice | Category | Please indicate the Hotel Category in order of preference |
| 5\* |  |
| 4\* |  |
| 3\* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Roomchoice | Room type | Number of rooms | Number of nights |
| single |  |  |
| double/twin |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature of Team Leader |