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

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| FINAL ROOMING LIST FORM | Please return by | 18th JUN 2015 |
| Name of federation |  | Nation (3 letter code) |  |

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

|  |
| --- |
| Single |
| No | Name | Checkin date | Checkout date | Number of nights |
|  |  |  |  |  |
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|  |
| --- |
| Double/twin |
| No | Name | Checkin date | Checkout date | Number of nights |
|  |  |  |  |  |
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| Date |  | Signature of Team Leader |