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| Please email or fax to Organizing Committee at:  [echmaribor2015@shooting.si](mailto: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) |  | |

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

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| --- | --- | --- | --- | --- |
| Single | | | | |
| No | Name | Check  in date | Check  out date | Number  of nights |
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| --- | --- | --- | --- | --- |
| Double/twin | | | | |
| No | Name | Check  in date | Check  out date | Number  of nights |
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| Date |  | Signature of Team Leader |