



ENCLOSURE 2

PRELIMINARY HOTEL BOOKING FORM

Please complete this form and send it by e-mail to: cmaswcyouth@kvsc.info not later than 16th October 2024.

| | | | |
|-----------------|--|---------------|--|
| Country: | | | |
| Club: | | | |
| e-mail: | | Phone: | |

Accommodation * Hotel, 125€ / person**

| | Number of Rooms | Date | |
|----------------|-----------------|------|----|
| | | From | To |
| Single: | | | |
| Double: | | | |

Extra nights (if needed):

| | Number of Rooms | Date | |
|----------------|-----------------|------|----|
| | | From | To |
| Single: | | | |
| Double: | | | |

Accommodation ** Hotel, 140€ / person**

| | Number of Rooms | Date | |
|----------------|-----------------|------|----|
| | | From | To |
| Single: | | | |
| Double: | | | |

Extra nights (if needed):

| | Number of Rooms | Date | |
|----------------|-----------------|------|----|
| | | From | To |
| Single: | | | |
| Double: | | | |

Date,

.....
Responsible's signature / stamp

.....
Full name in block letters