**ANNEX 2 Open Water**

**HOTEL BOOKING FORM (Before 15/08/2024)**

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: [openwaterwc2024@ffessm.fr](mailto:openwaterwc2024@ffessm.fr)

|  |  |  |
| --- | --- | --- |
| Country: | | |
| Team: | | |
| Telephone: | Fax: | e-mail: |

**MASTERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete: | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |
|  | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |

**Extra Nights:** If you need extra nights, please fill in the following.

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete: | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |
|  | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |