**ANNEXE 2**

**BOOKING FORM**

**ACCOMODATION**

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: ec2025@pzp-n.pl

**(Before 1 of June 2025)**

We will participate in the **2025 Cmas European Championship Fimswimming Indoor.**

|  |
| --- |
| Country:  |
| Club or Federation: |
| Telephone: | Fax: | e-mail: |

|  |  |  |
| --- | --- | --- |
| 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 |  |  |  |

**TRANSPORTATION**

**Transfer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ARRIVAL | Date: |  | Time |  |
| Airport |  | Flight No. |  |
| DEPARTURE | Date: |  | Time |  |
| Airport |  | Flight No. |  |

**Local Transportation**

|  |  |
| --- | --- |
| Number of passengers  |  |

**EXTRA SERVICE AND EQUIPMENT RENTAL**

**Extra training :**

|  |  |
| --- | --- |
| Date  |  |
| Number of hours  |  |
| Number of swimmers  |  |

**Immersion bottles :**

|  |  |  |
| --- | --- | --- |
| Bottle type  | 100m | 400m |
| Quantity  |  |  |

**Shuttle service :**

|  |  |
| --- | --- |
| Number of days  |  |
| Number of passengers |  |

|  |  |
| --- | --- |
|  | **Date:** |
| **(President Signature / stamp)** |  | **(Full name in block letters)** |
|  |  |  |