NAME OF THE TOURNAMENT

Place (Country), Date (from - to)
Hotel:
Address:
Phone:
Playing Venue:
Address:

Country:	<u> </u>
Contact person	
Name: Email:	
Phone:	

TRANSFER FORM

ARRIVAL

Full Name	Date	Place	Time	N° Flight/Train

DEPARTURE

Full Name	Date	Place	Time	N° Flight/Train

Transfers are guaranteed **from/to xxx Airport or xxx Station**.

Please return this form to the Organizing Committee no later than xx/xx/xxxx.

E-mail: