|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| FINAL HOTEL RESERVATION FORM | | Please return by | | to Organizing Committee | | |
| name of federation | | 10.09.2018 | | E-mail: [egyptianshooting@gmail.com](mailto:egyptianshooting@gmail.com)  Fax: + 202 22613992 Tel:  + 202 24028904 Contact person: Abdel Hamid Ghaleb – Executive Director | | |
|  | | | | | | |
|  | | | | | | |
| room choice | room type | number of rooms | number of nights | | day of arrival | day of departure |
| single |  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| double/twin |  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  | | | | | | |
| Note: | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Date |  | Signature of Team Leader |  |