



BALTIC CUP 2017

3 FINAL HOTEL

Please return by e-mail to gatis@saufed.lv or

latsaufed@inbox.lv

Deadline: **29.04.2015**

Name of Federation	Nation
Contact Person	Phone Number
E-mail Address	Fax Number

Hotel Choice	no	Please indicate the hotel in order of preference			
	1				
	2				
	3				
Room Choice	Room type (single/double/triple/etc.)	Number of Rooms	Number of Nights	Day of Arrival	Day of Departure

Note:

Date

Signature of Team Leader