ATTACHMENT 1



ACCOMMODATION REQUEST

Name of the Federation	n:			
Contact Person:				
E-mail:				
Phone:		Mobile:		
	WOMEN	I	MEN	TOTAL
COMPETITORS:				
TEAM LEADER:				
COACHES:				
OFFICIALS:				
OTHERS:				
TOTAL:				
Indicate the number:				
Single rooms*	Twin rooms	Do	ouble rooms	Triple rooms
*max 3 per federation				
TYPE OF ACCOMMODATION (multiple choice allowed)				
☐ Category A ☐ Category B ☐ Category C ☐			Category	D Category E
Estimated Da	Estimated Date of Departure:			
/		/2023		
Do you require a transfer from the airport?				
Date	Name and Surn	ame	Signature	
//2023				

Please send to e-mail: accommodation@auronzo2023.com by 21st March 2023