

Accommodation Request Form

Block letters please!

Competition (Name/Place)		Date of Race	
Name of Person Submitting Form		Contact mail	
NPC - NSF			

COMPETITORS:

	Surname	Firstname	Male/ Female	Wheelchair User Y/N	Double Room	Arrival Date DD.MM.YYYY	Departure Date DD.MM.YYYY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

TEAM OFFICIALS:

	Surname	Firstname	Male/ Female	Wheelchair User Y/N	Double Room	Arrival Date DD.MM.YYYY	Departure Date DD.MM.YYYY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

NPC/NSF authorised person	