

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	Race entree for race fee calculation					Double Room	Arrival Date DD.MM.YYYY	Departure Date DD.MM.YYYY
					SL	GS	SG	DH	SC			
1												
2												
3												
4												
5												
6												
7												
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11												
12												
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17												
18												
19												
20												

TEAM OFFICIALS:

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

NPC/NSF authorised person	