

Preliminary Accommodation Form

Please print or type in **Block letters**

Federation		Code	
Contact Person			
Email		Tel	

Hotel Choice (first come first served) Please tick v

Hotel Termas Curia	
Hotel Curia Palace	
Grande Hotel Luso	

Number of rooms required:

Single	Twin	In	Out	Total Nights

Single:		persons	x	170.00 €	x		nights	=		€
Single:		persons	x	190.00 €	x		nights	=		€
Twin:		persons	x	135.00 €	x		nights	=		€
Twin:		persons	x	140.00 €	x		nights	=		€

Total		€
50%		€

(to be paid by bank transfer before 15th April 2017)

Bank Details as follows:

Account name - Federação Portuguesa de Natação
 Bank Name - Banco Santander
 Bank Adress – Rua Alves Redol 17/21, 2600-099 Vila Franca de Xira - Portugal
 Account Number (IBAN) – PT50 0018 0003 1333 0170 02088
 Swift Code- TOTAPTPL
 Ref – COMEN CUP_**(Country code)**

Date ___/___/___

Signature & Stamp_____

Please fill inn and return before 15th April 2017 to mariett.matias@fpnatacao.pt

Final Accommodation Form

Please print or type in **Block letters**

Federation		Code	
------------	--	------	--

Hotel booked _____

Number of rooms required:

Single	Twin	In	Out	Total Nights

Single:		persons	x	170.00 €	x		nights	=		€
Single:		persons	x	190.00 €	x		nights	=		€
Twin:		persons	x	135.00 €	x		nights	=		€
Twin:		persons	x	140.00 €	x		nights	=		€

Total		€	Deposit		€	Balance due		€
-------	--	---	---------	--	---	-------------	--	---

Any room booked on **June 1st** and cancelled till **July 3rd** will have a 50% cancellation fee. **The entire payment will be retained by the OC for any of the rooms cancelled afterwards.**

Bank Details as follows:

Account name - Federação Portuguesa de Natação
 Bank Name - Banco Santander
 Bank Adress – Rua Alves Redol 17/21, 2600-099 Vila Franca de Xira - Portugal
 Account Number (IBAN) – PT50 0018 0003 1333 0170 02088
 Swift Code- TOTAPTPL
 Ref – COMEN CUP _(Country code)

Date ___/___/___

Signature & Stamp _____

Please fill inn and return before 3rd July 2017 to mariett.matias@fpnatacao.pt

Preliminary Entry Form

Please Print or type in **BLOCKLETTERS**

Federation:	
Federation Code:	
Contact Person:	
e-mail:	
Phone:	

We will be participating at:

Solo	<input type="checkbox"/>
Duet	<input type="checkbox"/>
Team	<input type="checkbox"/>
Free Routine Combination	<input type="checkbox"/>
Judges	<input type="checkbox"/>

Date ___/___/___

Signature & Stamp_____

Please send back this entry form

BEFORE APRIL 15th 2017 to: secretaria@fpnatacao.pt

Final Entry Form

Please Print or type in **BLOCKLETTERS**

Federation:	
Federation Code:	

We will be participating:

Athletes

	Family Name	Given Name	Date of Birth	Solo	Duet	Team	Free Combo	Reserve
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

Officials

Family Name	Given Name	Role (Coach, Judge, Doctor, etc.)	Gender

Date ___/___/___

Signature & Stamp _____

Please send back this entry form **BEFORE JULY 3rd 2017 to:** secretaria@fpnatacao.pt