



Annex 03 FINAL BOOKING FORM



ACCOMODATION / BOAT

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail:
WCCRio2024@gmail.com

(Submit by November 15, 2023)

We will participate in the II CMAS Spearfishing World Cup of Clubs

Country:

Team & Federation (if applicable):

Telephone:

Fax:

e-mail:

| | Name and Surname | Date of Birth | ID or Passport |
|---------------|------------------|---------------|----------------|
| 1st Fisherman | | | |
| 2nd Fisherman | | | |
| 3rd fisherman | | | |
| 4th fisherman | | | |

| | | | |
|--------------------|--|--|--|
| Captain | | | |
| Expedition Manager | | | |
| | | | |

Boats

Team with their own boats, a discount of US\$400 will be applied.

Boat Options (please indicate team's preference)

Will use own boat and have US\$400 discount _____

Will use boat provided from organizers _____

ACCOMODATION

Indicate the chosen option:

| National Team Components | Option "A" | | | Option "B" | | |
|--------------------------|--|----------------------------------|--------------|---|----------------------------------|--------------|
| | Registration with accommodation includes 4 nights stay in half board + boats and closing dinner | | | Registration without the Stay, includes boats + closing dinner | | |
| | <i>1st Payment</i> | <i>2nd Payment</i> | <i>TOTAL</i> | <i>1st Payment</i> | <i>2nd Payment</i> | <i>TOTAL</i> |
| 6 | 1850 \$ <input type="checkbox"/> | 1850 \$ <input type="checkbox"/> | 3700 \$ | 1250 \$ <input type="checkbox"/> | 1250 \$ <input type="checkbox"/> | 2500 \$ |
| 5 | 1650 \$ <input type="checkbox"/> | 1650 \$ <input type="checkbox"/> | 3300 \$ | 1150 \$ <input type="checkbox"/> | 1150 \$ <input type="checkbox"/> | 2300 \$ |
| 4 | 1450 \$ <input type="checkbox"/> | 1450 \$ <input type="checkbox"/> | 2900 \$ | 1050 \$ <input type="checkbox"/> | 1050 \$ <input type="checkbox"/> | 2100 \$ |
| 3 | 1250 \$ <input type="checkbox"/> | 1250 \$ <input type="checkbox"/> | 2500 \$ | 950 \$ <input type="checkbox"/> | 950 \$ <input type="checkbox"/> | 1900 \$ |
| 2 | 1100 \$ <input type="checkbox"/> | 1100 \$ <input type="checkbox"/> | 2200 \$ | 900 \$ <input type="checkbox"/> | 900 \$ <input type="checkbox"/> | 1800 \$ |

| Please complete: | Number of Rooms | Date | |
|------------------|-----------------|------|----|
| | | From | To |
| Single | | | |
| Double | | | |
| Triple | | | |

Date:

**Team Captain or Federation
President Signature**

(Full name in block letters)