**ANNEX 2**

**HOTEL BOOKING FORM (Before 15th, October 2024)**

Please complete this form if you are requesting Accommodation and send to CMAS HQ [spo@cmas.org](mailto:spo@cmas.org) and Local Organizing Committee by e-mail info@cmas-sportidiving-wc.org

|  |  |  |
| --- | --- | --- |
| Country/Federation: | | |
|  | | |
| Club Name: | | |
| Club contact Name: | | |
| Telephone: | Fax: | e-mail: |

**ACCOMMODATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |
|  | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Date | |
| (Signature / stamp) |  | (Full name in block letters) |
|  |  |  |