

PRELIMINARY ENTRY & ACCOMMODATION FORM

Please return the form properly completed no later than May 30th 2019

FEDERATION DATA

NAME : _____ CODE : _____

ADDRESS : _____

CONTACT PERSON : _____

PHONE : _____

EMAIL : _____

ESTIMATED SIZE OF THE DELEGATION

Male Swimmers	Female Swimmers	Team Staff	TOTAL

PRELIMINARY ACCOMMODATION BOOKING

HOTEL : 4* Congress & Wellness Hotel Olšanka, Prague

NUMBER OF ROOMS : SINGLE DOUBLE
 TRIPLE (2+1) QUADRUPLE (2+2)

NIGHTS : July 30th / July 31st / August 1st / August 2nd / August 3rd / August 4th
 (*"July 30th" means night from Tuesday July 30th to Wednesday July 31st etc.*)

DATE : _____

PRESIDENT / GENERAL SECRETARY : _____

SIGNATURE & STAMP : _____

Please send back the application forms to the Local Organising Committee and to the LEN
 via e-mail info@czechswimming.cz / lenoffice@len.eu



TRAVEL FORM

The local transportation is taken care by the Organising Committee
Please return the form properly completed no later than July 1st 2019

FEDERATION DATA

NAME : _____ CODE : _____

ADDRESS : _____

CONTACT PERSON (on site) : _____

PHONE (on site) : _____

EMAIL : _____

ARRIVAL			
<input type="checkbox"/> PLANE - Vaclav Havel Airport Prague		<input type="checkbox"/> TRAIN - Prague main railway station	
Date:		Time:	
Airlines:		Flight # / Train #:	
No. of persons:		City of origin:	

DEPARTURE			
<input type="checkbox"/> PLANE - Vaclav Havel Airport Prague		<input type="checkbox"/> TRAIN - Prague main railway station	
Date:		Time:	
Airlines:		Flight # / Train #:	
No. of persons:		City of destination:	

DATE : _____

PRESIDENT / GENERAL SECRETARY : _____

SIGNATURE & STAMP : _____

Please send back the application forms to the Local Organising Committee and to the LEN
via e-mail info@czechswimming.cz / lenoffice@len.eu



FINAL ACCOMMODATION FORMPlease return the form properly completed no later than July 1st 2019**FEDERATION DATA**

NAME : _____ CODE : _____

ADDRESS : _____

CONTACT PERSON (on site) : _____

PHONE (on site) : _____

EMAIL : _____

FINAL BOOKING

HOTEL : 4* Congress & Wellness Hotel Olšanka, Prague

NUMBER OF ROOMS : SINGLE DOUBLE
TRIPLE (2+1) QUADRUPLE (2+2) NIGHTS : July 30th / July 31st / August 1st / August 2nd / August 3rd / August 4th
*("July 30th" means night from Tuesday July 30th to Wednesday July 31st etc.)*ROOMING LIST : _____

DATE : _____

PRESIDENT / GENERAL SECRETARY : _____

SIGNATURE & STAMP : _____

Please send back the application forms to the Local Organising Committee and to the LEN
via e-mail info@czechswimming.cz / lenoffice@len.eu

RELAY ENTRY FORM

Please return the form properly completed no later than July 23rd 2019

FEDERATION DATA

NAME : _____ CODE : _____

ADDRESS : _____

CONTACT PERSON (on site) : _____

PHONE (on site) : _____

EMAIL : _____

Participation in the U16 relay event: YES NO

Participation in the U19 relay event: YES NO

The final composition and order of the Relay must be given maximum 24 hours before the events.

DATE : _____

PRESIDENT / GENERAL SECRETARY : _____

SIGNATURE & STAMP : _____

Please send back the application forms to the Local Organising Committee and to the LEN
via e-mail info@czechswimming.cz / lenoffice@len.eu



ATHLETE MEALS – LUNCH PRE-ORDER FORM

Required to be completed by each Federation who requires **on venue pre-booked lunches** from August 2nd till August 4th. It will be assumed that those not included in the pre-booking will require lunch at their respective hotel.

Please return the form properly completed no later than July 1st 2019. After this date, order forms cannot be accepted.

FEDERATION DATA

NAME : _____ CODE : _____

ADDRESS : _____

CONTACT PERSON (on site) : _____

PHONE (on site) : _____

EMAIL : _____

DATE	NUMBER OF MEALS (including team staff)	Dietary requirements
August 2 nd		
August 3 rd		
August 4 th		

DATE : _____

PRESIDENT / GENERAL SECRETARY : _____

SIGNATURE & STAMP : _____

Please send back the application forms to the Local Organising Committee and to the LEN
via e-mail info@czechswimming.cz / lenoffice@len.eu

