**TEAM ACCOMMODATION AND TRANSPORTATION FORM**

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| --- | --- | --- | --- | --- | --- |
| **№** | **NAME AND SURNAME****(According to passport for all team members)** | **Function** | **Room type (Single/Double, Triple)** | **ARRIVE** | **DEPARTURE** |
| **Date** | **Time** | **№ Flight** | **Date** | **Time** | **№ Flight** |
| **1** |  |  |  |  |  |  |  |  |  |
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THE FORM MUST BE SENT TO THE ORGANIZING COMMITTEE BEFORE

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| **Date** | **Time** | **№ Vuelo** | **Fecha** | **Hora** | **Date** |
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| **Date** | **Time** | **№ Vuelo** | **Fecha** | **Hora** | **Date** |
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JUL 25, 2024

Country: … ……………………………………………….

Signature: ……………………………………………….…

Date: …………………………………………………

Send to: federaciondelevdepesas@gmail.com

**LUIS ZAMBRANO,** PRESIDENT OF THE ECUADORIAN WEIGHTLIFTING FEDERATION