**ACCOMMODATION & TRANSPORTATION FORM**

 **The deadline to submit the document is 05 October 2024**

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| **WEIGHTLIFTING FEDERATION OF** |  (country name) |

|  |  |  |  |  |  |  |
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| **№** | **FAMILY & Given name(s)****(as per passport, for all team members)** | **Gender****M / F** | **Function** | **Room type single/double** | **Arrival** | **Departure** |
| **Date** | **Time** | **Flight №** | **Date** | **Time** | **Flight №** |
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| **ACCOMMODATION** **SUMMARY** |
| **TOTAL PARTICIPANTS** |  |
| **TOTAL ROOMS** |  |
|  |
| **TYPE OF ROOM** |
| **SINGLE (how many)** |  |
| **DOUBLE (how many)** |  |

**Name: Date:**

 **Signature & Stamp:**

**Please, send to Organizing Committee:**

Tel: +63 9175287104 / +63 9434792449

 +63 9154949931

Address: RMSC, P. Ocampo Sr.,

Street Malate, Manila, Philippines

E-Mail**:** 2024awfayjwc.manila@gmail.com