



ACCOMMODATION & TRANSPORTATION FORM

WEIGHTLIFTING FEDERATION OF	(country name)
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No	FAMILY & Given name(s) <small>(as per passport, for all team members)</small>	Gender M / F	Function	Room type single/double	Arrival			Departure		
					Date	Time	Flight No	Date	Time	Flight No
1										
2										
3										
4										
5										
6										
7										
8										

Name:
Date:

ACCOMMODATION	SUMMARY
TOTAL PARTICIPANTS	
TOTAL ROOM NIGHTS	
TYPE OF ROOM	
SINGLE	
DOUBLE	