

**2ND OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES & traditional SPORT CHAMPIONSHIP**

**LEBANON 19-20-21 MAY 2017**

**ARRIVALS – DEPARTURES – TRANSFERS**

PLEASE FILL, SIGN AND SEND BY E-MAIL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| COUNTRY | |  | | | | |
| CHIEF DELEGATION | | |  | | | |
| NAME OF ASSOCIATION | | |  | | | |
| ADDRESS |  | | | | | |
| PHONE |  | | | MOBILE |  | |
| E-MAIL |  | | | VAT CODE or FISCAL CODE | |  |

**ARRIVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| AIRLINE NAME: |  | FLIGHT NUMBER: |  |
| DATE OF ARRIVAL: |  | TIME OF ARRIVAL: |  |
| NUMBER OF PERSONS: |  | | |

**DEPARTURE**

|  |  |  |  |
| --- | --- | --- | --- |
| AIRLINE NAME: |  | FLIGHT NUMBER: |  |
| DATE OF DEPARTURE: |  | TIME OF DEPARTURE: |  |
| NUMBER OF PERSONS: |  | | |

**AIRPORT TRANSFERS**

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| --- |
| OUR TEAM NEED AIRPORT TRANSFERS FOR A TOTAL OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PERSONS |

**SPORTHALL TRANSFERS**

|  |
| --- |
| OUR TEAM NEED SPORT HALL TRANSFERS FOR A TOTAL OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PERSONS |

Chief Delegation Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE:* PLEASE FILL THIS FORM A.S.A.P. FOR GETTING A HIGH LEVEL SUPPORT FROM THE ORGANIZING COMMITTEE. IF THE DATES AND THE TIME OF ARRIVALS ARE DIFFERENT FOR YOUR TEAM MEMBERS PLEASE LET US KNOW BY FILLING DIFFERENT FORMS.**