###### Form 4 - HOTEL RESERVATION

**Please return before August 7 2015**

*• Phone: +40 21 317 80 30*

*• Fax: +40 21 317 99 54*

*• E-mail:* *office@frjudo.ro*

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**Team of**

Preffered Hotel/Category

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| --- | --- | --- | --- | --- | --- |
| **Arrival** **date** | **Departure date** | **Number of persons** | **Type of room** | **Number of nights** | **Total amount, Euro** |
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| Total |  |

**Name of bank: UNICREDIT TIRIAC –DOROBANTI**

**Bank adress: Bucharest, 37 Grigore Mora St., district 1, Romania**

**Account No. IBAN: RO02 BACX 0000 0004 4384 9001**

**SWIFT address: BACXROBU**

**Branch: Romanian Judo Federation**

**Payment Title: Junior Cup**

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| Date: | Stamp | Signature |