**FLIGHT SCHEDULE**

|  |
| --- |
| FEDERATION: |

**ARRIVAL**

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| --- |
| **PLANE / TRAIN** |
| Date | Time | Flight number | From | Airport/railway station arrival | Persons number |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- |
| **Car / bus** |
| Date | Time | Persons number |
|  |  |  |
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**DEPARTURE**

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| --- |
| **PLANE / TRAIN** |
| Date | Time | Flight number | To | Airport/railway station arrival | Persons number |
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| **Car / bus** |
| Date | Time | Persons number |
|  |  |  |
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This form must be returned to the Hellenic Judo Federation before **March 6th 2017**

Date: \_\_/\_\_/\_\_ Head of the Delegation's Signature & Federation's Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_

**VISA APLICATION FORM**

|  |
| --- |
| FEDERATION: |

Arrival Date: Departure Date:

We will apply for the Visas at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Embassy in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City/Country).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***N*** | ***Surname*** | ***First Name*** | ***Position*** | ***Date of Birth*** | ***Place of Birth*** | ***Nationali ty*** | ***Pass No*** | ***issue Date of*** | ***Date of expiry*** |
| ***1*** |  |  |  |  |  |  |  |  |  |
| ***2*** |  |  |  |  |  |  |  |  |  |
| ***3*** |  |  |  |  |  |  |  |  |  |
| ***4*** |  |  |  |  |  |  |  |  |  |
| ***5*** |  |  |  |  |  |  |  |  |  |
| ***6*** |  |  |  |  |  |  |  |  |  |
| ***7*** |  |  |  |  |  |  |  |  |  |
| ***8*** |  |  |  |  |  |  |  |  |  |
| ***9*** |  |  |  |  |  |  |  |  |  |
| ***10*** |  |  |  |  |  |  |  |  |  |
| ***11*** |  |  |  |  |  |  |  |  |  |
| ***12*** |  |  |  |  |  |  |  |  |  |
| ***13*** |  |  |  |  |  |  |  |  |  |
| ***14*** |  |  |  |  |  |  |  |  |  |
| ***15*** |  |  |  |  |  |  |  |  |  |
| ***16*** |  |  |  |  |  |  |  |  |  |
| ***17*** |  |  |  |  |  |  |  |  |  |
| ***18*** |  |  |  |  |  |  |  |  |  |
| ***19*** |  |  |  |  |  |  |  |  |  |
| ***20*** |  |  |  |  |  |  |  |  |  |
| ***21*** |  |  |  |  |  |  |  |  |  |
| ***22*** |  |  |  |  |  |  |  |  |  |
| ***23*** |  |  |  |  |  |  |  |  |  |
| ***24*** |  |  |  |  |  |  |  |  |  |
| ***25*** |  |  |  |  |  |  |  |  |  |

This form must be returned to the Hellenic Judo Federation before **February 10th 2017**

Date: \_\_/\_\_/\_\_ Head of the Delegation's Signature & Federation's Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_

Application must be sent only in *word* doc. *PDF* files will be rejected

**Fax +30 210 4820042 Tel +30 6957508008**

**E-mail: iliadiscup@hotmail.com**

**Hotel reservation can be made only with this form**

|  |  |
| --- | --- |
| **Team of:** |  |

|  |  |
| --- | --- |
| **HOTEL NAME** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Room type** | **Name(s) of guest(s)** | **B&B,HB,****FB)** | **Arrival Date** | **Departure Date** | **Number of Persons** | **Number of nights** | **Guest category****(athlete, coach, referee)** | **Total amount, Euro** |
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|  | **Total Persons** |  |  |  | **Total Euro** |  |  |

 **All payment by cash for Organizing Committee on arrival**

Please return application before **February 22nd 2017**.