

SEA Figure Skating Open Challenge 2017/2018

December 1 to 3 , 2017



Hotel Sheet

THIS FORM MUST RETURN BEFORE: Sunday, November 5, 2017

Please attach additional sheet if necessary and fill in by computer.

FORM 04 / 1

ISU Member Federation : _____

The Organizing Committee will try its utmost to make the hotel reservation according to your wishes. To know the details we ask you to fill in the blanks below. Nevertheless we beg your pardon if technical changes must be made.

We would like to ask for accommodation in the following way:

<Marigold Sukumvit>

All rates are per room / per night and include the local taxes.

Deluxe / Superior (No Breakfast) : <Baht 1,100>

Deluxe / Superior (with American Breakfast): <Baht 1,300>

Triple room (No Breakfast) : <Baht 1,500>

Triple room (with American Breakfast) : <Baht 1,900>

A. Deluxe/ Superior (No Breakfast)

	Name	Given Name	Function	Arrival Date	Departure Date
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____

TERMS OF RESERVATION

1. All requests for reservations must be made to the Organizing Committee by **<Sunday, November 5, 2017> latest.**
2. The reservation will be confirmed directly through the Organizing Committee. At the same time, the Organizing Committee will inform about the payment procedure.
3. Terms of payment: - **a pre-payment of 50% by <Friday, November 5, 2017>**
- the rest of the payment upon arrival
4. Changes and cancellations shall be made in writing and directly to the Organizing Committee.

ISU Member Federation : _____

Date, Signature : _____

please mail or fax to:

Organizing Committee: Figure and Speed Skating Association of Thailand

Fax: <+662 186 7555> Phone: <+66 2 186 7555 >

E-mail: <fsat@windowslive.com>

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FORM 04 / 2

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B. Deluxe / Superior (with American Breakfast)

	Name	Given Name	Function	Arrival Date	Departure Date
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
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C. Triple room (No Breakfast)

	Name	Given Name	Function	Arrival Date	Departure Date
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
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FORM 04 / 4

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C. Triple room (with American Breakfast)

	Name	Given Name	Function	Arrival Date	Departure Date
1	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
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