**ACROPOLIS SWIM OPEN 2024**

**Athens Olympic Aquatic Centre - Greece**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country |  | Country Code |  |  |  |

|  |  |
| --- | --- |
| Name of National Federation |  |
| Email Address |  |
| Contact Person |  |
| Phone No. |  |

**ROOM BOOKING REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Persons |  …….. | Male Athletes: …….. | Female Athletes: …….. | Team Staff: …….. |
| Number of SINGLE rooms |  …….. |
| Number of TWIN rooms |  …….. |
| Check-in Date |  dd/mm/yy |
| Check-out Date |  dd/mm/yy |

Please return this form to our office before **1st of April 2023**

Contact e-mail: g.giannou@koe.org.gr,

Date:

Signature and Stamp:

**\***All information should be typed, or printed legibly, not handwritten