



INTERNATIONAL TOURNAMENT TOP 1012



Country:/ _____

From 28th to 5th Octobre 2024

YOURS DELEGATION							
		Names	First Names			Observations	
QUALIFICATION							
Girls							
Boys							
MAIN DRAW							
Girls							
Boys							
YOURS ARRIVAL							
Dated	Nb of adults	Nb of children	Train	Plane	Car	Place	Time of arrival
CAPTAINS / ACCOMPANYING PERSONS							
Surnames 1st NAMES	CTR	CSD	COACHS	FATHERS	Contact N°		
ACCOMODATION							
HOTEL							
HOTEL	Nb Boys	Nb Girls	Nb Mrs	Nb Mmes	Single Room		
					Double Room		

Other

For a better reception, thank you to return this form by fax or by e-mail.