

**THE XIV SEVEN A SIDE INTERNATIONAL FOOTBALL CHAMPIONSHIP**

**FOR POLICE**

**IPA TARRAGONA - CAMBRILS (SPAIN) 2017**

**RESERVATION FORM**

|  |  |
| --- | --- |
| OFFICIAL NAME (TEAM): |  |
| PERSON IN CHARGE OF TEAM |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PHONE |  | | | |
| E-MAIL ADDRESS |  | | | |
| VAT FOR BILLING |  | | | |
| HOTEL | | | | |
| ACCOMODATION (please select option) | **OPTION A**  ESTIVAL EL DORADO RESORT \*\*\*\* S |  | **OPTION B**  BEST LOS ÁNGELES SALOU \*\*\*\* |  |
|  | | | | |
| NUMBER ATTENDERS (aprox) |  | | | |
| IN DOUBLE |  | | | |
| INTRIPLE |  | | | |
| EXTRA DAY IN HOTEL / WHAT DATES ? |  | | | |

0

TRANFERS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DO YOU NEED TRANFER FROM AIRPORT? (BCN / GIR / REU) | YES |  | NO |  |

|  |  |
| --- | --- |
| FLIGTH DATA | |
| ARRIVAL (DATE, TERMINAL, Nº FLIGHT, ARRIVAL ESTIMATED TIME) |  |
| DEPARTURE (DATE, TERMINAL, Nº FLIGHT, DEPARTURE TIME) |  |

SPECIAL COMMENTS:

When we receive this document completed, we will send the bank account number for payment of your reservation registration. Thank you very much.

***Please, forward the completed Registration Form to this email address:***

*Note:*

*The organization has a liability Insurance for activities, disability insurance and death for each player with a total value of € 6,000, this insurance does not cover medical care for participants or companions, so it is imperative that each one take your personal health insurance or European Health Card. The insurance contract three days before the tournament, the insurer's refusal to make last minute changes now, will not be able to add new players as they are not covered by adequate insurance.*

[futbol7-2017@ipatarragona.org](mailto:futbol7-2017@ipatarragona.org)

*We appreciate your help and collaboration* Anton Casas, Presidente IPA Tarragona