



# 8<sup>o</sup> WAC - ICKKF

21 – 25 MARCH 2018

CALDAS DA RAINHA - PORTUGAL

## ARRIVALS – DEPARTURES – TRANSFERS

PLEASE FILL, SIGN AND SEND BY E-MAIL

COUNTRY			
CHIEF DELEGATION			
NAME OF ASSOCIATION			
ADDRESS			
PHONE		MOBILE	
E-MAIL		VAT CODE or FISCAL CODE	

### ARRIVAL

AIRLINE NAME:		FLIGHT NUMBER:	
DATE OF ARRIVAL:		TIME OF ARRIVAL:	
NUMBER OF PERSONS:			

### DEPARTURE

AIRLINE NAME:		FLIGHT NUMBER:	
DATE OF DEPARTURE:		TIME OF DEPARTURE:	
NUMBER OF PERSONS:			

### AIRPORT TRANSFERS

OUR TEAM NEED AIRPORT TRANSFERS FOR A TOTAL OF: \_\_\_\_\_ PERSONS

### SPORT HALL TRANSFERS

OUR TEAM NEED SPORT HALL TRANSFERS FOR A TOTAL OF: \_\_\_\_\_ PERSONS

Chief Delegation Signature \_\_\_\_\_

**NOTE: PLEASE FILL THIS FORM A.S.A.P. FOR GETTING A HIGH LEVEL SUPPORT FROM THE ORGANIZING COMMITTEE. IF THE DATES AND THE TIME OF ARRIVALS ARE DIFFERENT FOR YOUR TEAM MEMBERS PLEASE LET US KNOW BY FILLING DIFFERENT FORMS. 30€ A PERSON FROM LISBON INTERNATIONAL AIRPORT.**