## **2017** World Koshiki Superkaratedo Championships

## **Team Accommodations Registration Form**

ROOM OCCUPANT 1



TEAM NAME: TEAM CONTACT: CONTACT EMAIL: CONTACT PHONE: ON-SITE PHONE: INVOICE ADDRESS: CITY: POSTAL/ZIP CODE:  MINIMUM NUMBERS REQUIRED 2 WEEKS PRIOR TO ARRIVAL FINAL ROOMING LISTS AND NUMBERS DUE 1 WEEK PRIOR TO ARRIVAL CHECK IN TIME: 3:00PM   CHECK OUT TIME: 11:00AM RATE: ADULT (13+): \$34.50/Person/Night   CHILD (12 & Under): \$26.00 PRICES INCLUDE TAX (HST 13%)  Check in Date Check Out Date Number of Nights Number of People  Suite 1 ROOM OCCUPANT 1 OCCUPANT 2 OCCUPANT 3 OCCUPANT 4 AGE 1 2 3 4 VERY SUITE 1 COULD SUITE SUITE 1 COULD SUITE					Conference Servic	es
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2			Suit	te 1		ople
3	ROOM		Suit	te 1		
Suite 2   ROOM   OCCUPANT 1   OCCUPANT 2   OCCUPANT 3   OCCUPANT 4   AGE     1			Suit	te 1		
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Suite 3

OCCUPANT 3

OCCUPANT 4

AGE

OCCUPANT 2

Suite 4					
ROOM	OCCUPANT 1	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4	AGE
1					
2					
3					
4					

	Suite 5				
ROOM	OCCUPANT 1	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4	AGE
1					
2					
3					
4					

	Suite 6				
ROOM	OCCUPANT 1	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4	AGE
1					
2					
3					
4					

	Suite 7				
ROOM	OCCUPANT 1	OCCUPANT 2	OCCUPANT 3	OCCUPANT 4	AGE
1					
2					
3					
4					

## Please email completed form to <a href="mailto:confcentre@fanshawec.ca">confcentre@fanshawec.ca</a>

Questions? Call 519-452-4440x6178 or Email confcentre@fanshawec.ca

Signature: _	
Name:	
Date:	

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