**PARTICIPATING FEDERATION DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Federation: |  | | |
| Telephone Number: |  | Fax Number: |  |
| Email Address: |  | | |

Mark with **X** either Single or Double Room. If Double Room, please state with whom it is sharing.

**SEMINAR PARTICIPANTS:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Surname** | **Sex** | **Grade** | **Club** | **Single Room** | **Double Room** | Sharing with | Date arriving | Date departing \* |
|  |  |  |  |  |  |  |  |  |  |
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**\* Please note that seminar ends at 13:00 on Sunday 21st October 2012**

Signature of Federation Official Date