

ISU Member Federation: _____

Name of Team: _____

A: Team Manager / Contact Person

Name and Function: _____

Address _____

Phone / Cell Phone _____

Fax _____

Email _____

B: Hotel

All hotel reservations and pre-payment of hotel rooms in the Official Hotel will be made by the teams (see Announcement). In order to speed up check-in procedures, please send your rooming list in advance to your arrival.

Name of chosen Hotel _____

☐ YES ☐ NO

Hotel has confirmed the reservation

Number of requested Rooms: _____

TOTAL _____

Single _____

Double _____

Triple _____

Apartment (4 or 5) _____

**C: Team Party – Saturday Night in Holiday Inn & City Hotel Berlin East
(after the Competition, app. 21.30h)**

(see Announcement). All Team Party reservations and pre-payment s of it are requested until the above mentioned date.

Our Team will join the Team Party
Dinner included

☐ YES ☐ NO

Number of requested
Team Party Tickets: _____

* 29 Euro/per Person = _____ EURO

Date, Signature: _____

Please email or fax

to : OC Cup of Berlin 2018
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Email: CoB@eisklauf-union.de