Form 3 : Hotel Reservation Form ROOMING LIST

Federation	FIJLKAM – ITALIAN JUDO FEDERATION
Address	Via Dei Sandolini 79 – 00122 Roma
Email	Judo.amatorilale@fijlkam.it
Telephone Number	00390656434508/510/511
Preferred Hotel	/

Preferred Hotel	Number of Rooms	Type of Room	Date of Arrival	Date of Departure	Number of Nights	Guest
B CATEGORY	4	Twin	29/05	30/05	1	De Denaro-Medves ; Andreoli-Mingoia Marconcini-Sacchi ; Zocco-Milani
B CATEGORY	2	Twin	30/05	31/05	1	Cantoni-Marchiò ; **Tosolini-Lombardo**
B CATEGORY	1	Triple	29/05	30/05	1	**Tosolini-Lombardo**-Piras
B CATEGORY	2	Twin	29/05	31/05	2	Centracchio-Centracchio ; Paissoni-Del Chierico
B CATEGORY	3	Single	29/05	30/05	1	Righetti ; Giorgis ; Toniolo
B CATEGORY	2	Single	30/05	31/05	1	Carollo ; Regis
B CATEGORY	1	Single	29/05	01/06	3	Sulli
B CATEGORY	2	Twin	29/05	01/06	3	Ferrari-Lo Giudice ; D'Arco-Loporchio
A CATEGORY	1	Single	29/05	01/06	3	De Patre
A CATEGORY	1	Single	29/05	30/05	1	Parlati
						Total 5460

Single / Twin / Double / Triple

Please send this document, completed, to office@frjudo.ro **before the 13th May 2015.**

To confirm your entry you are kindly asked to transfer the amount for your team to the bank account indicated in the outlines by the deadline.

DATE: 13/05/2015

~~**FIJLKAM – ITALIAN JUDO FEDERATION**~~

Signature of the head of the delegation and stamp of the federation