









HOTEL RESERVATION FORM

Member Association:						
Contact person:						
Mobile:						
E-mail:						
Number of register	red persons in	WAREOS:				
Athletes						
Official						
Reservation of roo	ms					
Tallink TOP Spa	<u> Hotel</u> - Half	Board				
Room	Cost	Nr of rooms		Nr of nights	Total	
Single room	€ 82 x		Χ		€	
Double rooms single	usage € 93 x		X		€	
Double room	€ 130 x		X		€	
Total					€	
50 % deposit payn	nent				€	
From	sept 2014 till		sep	t 2014		
Reservation without	payment is not	confirmed by	orga	nizers. 50% depos	sit payment has to	

Reservation without payment is not confirmed by organizers. 50% deposit payment has to be made latest at **15**th **June 2014** and 100% balance payment has to be made latest at **25**th **August 2014.** Organizers cannot guarantee reservation without payments made within deadlines.

THIS HOTEL RESERVATION FORM MUST BE RETURNED TO THE ORGANISER BEFORE 15th June 2014 by e-mail <u>info@tallinn2014.eu</u>



















BUDGET FORM	
Member Association:	

Contact person:			
Mobile:			
E-mail:			
1) Entry Fees			
	Cost	Quantity	Total
Athlete	€ 150 ×		€
Athlete	€ 300 ×		€
	€ 50 ×		€
	€ 75 ×		€
Total 1			€
2) Accommodati			
Tallink TOP Spa Ho			
Room	Cost € 82 ×	Nr of rooms Nr of nights	Total
Cg. C		·	€
	gle usage € 93 ×		€
	€ 130 ×	×	€
Total 2			€
3) Transportatio			
T II: A: I	Cost		Total
Tallinn Airport		€	
Tallinn Port		€	
Railway Station	€ 15 ×	€	
Total 3			
			€
	Cost	Number of Boxes	€
4) Lunch boxes	Cost € 12 ×		
4) Lunch boxes Total 4	Cost € 12 ×	Number of Boxes€	Total
4) Lunch boxes Total 4	Cost € 12 ×	Number of Boxes €	Total €
4) Lunch boxes Total 4	Cost € 12 × y	Number of Boxes€ Number of Persons	Total
4) Lunch boxes Total 4 5) Farewell part	Cost € 12 × y Cost € 15 ×	Number of Boxes €	Total € Total
4) Lunch boxes Total 4 5) Farewell part	Cost € 12 × y Cost € 15 ×	Number of Boxes€ Number of Persons€	Total €

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TRANSPORTATION FORM

Country/Team from:	
Number of passengers: person	/s
Arrival information	
We will arrive by plane/ship/train:	
Port/station:	Flight Nr:
Date:	Arrival Time:
We will arrive to TALLINN by:	
Departure information	
We will depart by plane/ship/train:	
port:	Flight Nr:
Date:	Arrival Time:
We will depart TALLINN by:	
Date:	
President/Secretary General MA:	

THIS TRANSPORTATION FORM MUST BE RETURNED TO THE ORGANISER BEFORE **25**th **August 2014** by email <u>info@tallinn2014.eu</u>













EUROPEAN 3D CHAMPIONSHIPS 2014







LUNCH BOXES ORDERING FORM

Country/Team from:	
Hereby orders TOTALLY	lunch boxes (number of lunch boxes)
15 th September	
of which	_ needs to be vegetarian ones (number).
Date:	
President/Secretary General MA:	

PLEASE RETURN THIS LUNCH ORDER FORM TO THE ORGANISER BEFORE **25**th **August 2014** by email to info@tallinn2014.eu





















VISA INVITATION LETTER FORM

Country/Tea	am from:						
Contact per	son:						
Given name	Family name	Date and place of birth	Citizenship (Country)	Passport number	Expiration date of passport	Address of residence	
Date:							
President/S	ecretary Gen	eral MA: _					

PLEASE RETURN THIS VISA INVITATION LETTER FORM TO THE ORGANISER AS SOON AS POSSIBLE (latest by 15th June 2014) by email to info@tallinn2014.eu









