



**1st U21 European Deaf  
Volleyball Men and Women Championship  
23-28 May 2016  
LODZ, Poland**



**HOTEL RESERVATION FORM**

COUNTRY	
NAME OF THE FEDERATION	
DATE OF ARRIVAL	
DATE OF DEPARTURE	
NUMBER OF PEOPLE	

**FEE INCLUDES**

Accommodation with full board (Breakfast, Lunch and Dinner)  
Transportation (hall sports, training, hotel)  
Accreditation  
Waters  
T-shirt  
Closing banquet

No of persons	No of nights	Price per person	Total
		<b>70 Euro</b>	

**RESERVATION CONTACT:**

POLISH DEAF SPORTS ASSOCIATION  
Adres: Al. Piłsudskiego 22, 20-011 LUBLIN  
POLAND

**BANK**

Bank Name: **Bank Pekao SA III/o Lublin**  
BIC/Swift Code: **PKOPPLPW**  
IBAN: **PL 49 1240 2382 1111 0010 4858 8552**

Please send this form by e-mail to [info@pzsnp.pl](mailto:info@pzsnp.pl) but not later than **20.04.2016**

Date:	President:
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