



EUROPEAN MID AMATEUR CHAMPIONSHIP

RIO REAL GOLF & WELLNESS RESORT

4 – 6 JUNE 2009

ACCOMMODATION BOOKING FORM

**EACH PLAYER WILL BOOK THEIR ACCOMMODATION DIRECTLY TO THE
SELECTED HOTEL**

OPTION

SELECTED HOTEL: _____

FAX: _____

E MAIL: _____

PERSONAL REQUIREMENTS

NAME: _____

NATIONALITY: _____

TYPE OF ROOM:

SINGLE:

TWIN / DOUBLE:

ARRIVAL DATE: _____

DEPARTURE DATE: _____

E MAIL: _____

TELEPHONE: _____

CREDIT CARD DETAILS

TYPE OF CREDIT CARD:

NUMBER: _ _ _ _ _

EXP. DATE: _ _ / _ _

CARD HOLDER'S NAME: _____

