**Bedding Configuration**

|  |  |
| --- | --- |
| **School/Club Name** |       |
| **Contact Name** |       | **Mobile Phone** |       |
| **CHECK IN DATE** |      Check in time  | **CHECK OUT DATE** |      Check out time 12:00pm |
| **ACCOMMODATION** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **QUEEN BED** | **2 SINGLES** | **ROLLOWAY** |
| **Guest 1**(Enter 1 name) | **Guest 2**(Enter 1 name) | **Guest 3**(Enter 1 name) | **Guest 4**(Enter 1 name) | **Guest 5**(Enter 1 name) | **Guest 6**(Enter 1 name) |
| Apartment |       |       |       |       |       |       |
| Apartment |       |       |       |       |       |       |
| Apartment |       |       |       |       |       |       |
| Apartment |       |       |       |       |       |       |
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| Apartment |       |       |       |       |       |       |

**Please send this completed form to Intersport Global:** jane@intersportglobal.com

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