

## HOTEL RESERVATION FORM

(Please return by 1<sup>st</sup> September 2015)

**Country/ Federation** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Preferred Hotel: Swissotel The Stamford Hotel / Oxford Hotel** *\*Please circle*

Room No.	Name	Single/ Double	Check-In Date	Check-Out Date	Additional requests
1	_____				
	_____				
2	_____				
	_____				
3	_____				
	_____				
4	_____				
	_____				
5	_____				
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6	_____				
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7	_____				
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8	_____				
	_____				
9	_____				
	_____				
10	_____				
	_____				

\_\_\_\_\_

**Signature**

(President/ Secretary General)

\_\_\_\_\_

**Federation Stamp**

\_\_\_\_\_

**Date**

 Email: [diving@swimming.org.sg](mailto:diving@swimming.org.sg)

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