## JU-JITSU AFRICAN CHAMPIONSHIP SENIOR 2019 BENGUERIR MOROCCO

NAME OF FEDERATION/TEAM:		COUNTRY:
ADDRESS:		
PHONE:	EMAIL1:	
FAX:	EMAIL2:	
NAME OF CONTACT PERSON:		
POSITION IN NATIONAL FEDERATION/TEAM:		

## Accommodations & Transfer Application Form

## TRAVEL DETAILS

ARRIVAL	DEPARTURE
DATE:	DATE:
ESTIMATED TIME OF ARRIVAL:	ESTIMATED TIME OF DEPARTURE :
FLIGHT NO.:	FLIGHT NO.:
CONTACT NUMBER:	CONTACT NUMBER:

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