



**QUALIFICATION – Group A**

**11th European Deaf  
Basketball Championships  
THESSALONIKI/GREECE'2016**

**13-15 November 2015  
WARSAW, Poland**



**TRAVEL and HOTEL INFORMATION**

COUNTRY	
NAME OF FEDERATION	
NUMBER OF PERSON	
CONTACT PERSON	
EMAIL ADRES	

**ARRIVAL TO WARSAW  
AIRPORT**

DATE	TIME	AIRLINE	FLIGHT NUMBER

**CAR or TRAIN**

DATE	TIME

**DEPARTURE FROM WARSAW  
AIRPORT**

DATE	TIME	AIRLINE	FLIGHT NUMBER

**CAR or TRAIN**

DATE	TIME

**HOTEL**

NAME	
ADDRESS	

Comments:

**What's the problem then write**

Please send this form by e-mail to [info@pzn.pl](mailto:info@pzn.pl) but not later than **05.11.2015**

Date:

President: