

TRAINING CAMP & HOTEL RESERVATION FORM



To: TRANS HELLENIC INTERNATIONAL LTD fax: +30-210-3236677

CONTACT NAME:.....

ADDRESS:.....

COUNTRY:.....

TELEPHONE:.....

Tel:..... FAX:..... E-mail:.....

NAME	SURNAME	DATE OF BIRTH	PARTICIPANT TO THE CAMP (Please indicate <input type="checkbox"/>)	ACCOMPANYING PERSON (Please indicate <input type="checkbox"/>)
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

All the participants to the camp will have to present at the official registration the original parent consent form; signed by the parent & legal guardian and the president of the National Federation.

PLEASE RESERVE THE FOLLOWING ROOMS AT THE HOLIDAYS IN EVIA HOTEL:

NUMBER OF ROOMS				DATES OF STAY	
SINGLE	DOUBLE	TRIPLE	QUAD	CHECK IN	CHECK OUT
TRANSPORTATION (Please indicate <input type="checkbox"/>)		NONE <input type="checkbox"/> BUS <input type="checkbox"/> TAXI <input type="checkbox"/>			

DEPOSITS AND PAYMENTS (as per General Conditions):

Reservation will only be considered firm once a deposit of 50% of total budget is received.

PAYMENT: (Please indicate name of your bank handling this transaction)

.....

The above payment is:

(Tick your choice)

[] Credit card Nr.....EXP/.....

[] Remitted by transfer in favour of TRANS HELLENIC International Ltd to our bankers.

Payments must be in Euro without any charges for the beneficiary.

DATE:/...../2008. NAME.....

SIGNATURE.....

HOTEL RESERVATION GENERAL CONDITIONS

Please read carefully the General Conditions regarding reservations, deposits and final payment, confirmations and cancellations as laid out below:

A. RESERVATIONS

A1. All reservations/requests should be addressed to TRANS HELLENIC INTERNATIONAL LTD as early as possible and preferably before **10th of May 2008**.

A2. Reservations will be considered firm when a 50% deposit of total payment is received by **TRANS HELLENIC INTERNATIONAL LTD**.

This is payable upon reservation. Balance is due at least 15 days before arrival.

A3. If the balance is not settled in total to TRANS HELLENIC INTERNATIONAL LTD, check in will not be accepted.

B. PAYMENTS

B1. All payments must be made by bank cheque to **TRANS HELLENIC INTERNATIONAL LTD**, by Credit Card or by Bank Transfer to our bankers :

MARFIN EGNATIA BANK No 0175373423 (TRANS HELLENIC INTERNATIONAL LTD) branch 234 AG PARASKEYHS AG.PARASKEYHS 1 15342 AG.PARASKEYH IBAN GR72 0280 2340 0000 0017 5373 423 BIC CODE:EGNAGR2T	EUROBANK BANK No 0026 0201 9202 0019 8312 (TRANS HELLENIC INTER.LTD) BRANCH PANEPISTIMIOU 36 IBAN GR42026 02010000 920200198312 BIC CODE: EFGBGRAA
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B2. Payments should be in Euro and without any charges for the beneficiary. Bank transfers must specify clearly full details of sender and payee.
Personal cheques cannot be accepted.

C. CONFIRMATIONS

Upon receipt of the deposit payment, the reservation will be confirmed and receipt will be sent for the deposit.

D. CANCELLATIONS

D1. For cancellations received after 15th of June '08 and for "non shows" NO REFUNDS WILL BE MADE.

IN ALL ABOVE CASES, BANK CHARGES WILL BE UNDERTAKEN BY PARTICIPANTS.

Note: In the event of dispute, the date of postal stamp or fax shall decide.

E. PRICES

All prices are in Euro and are valid for the period specified and include:

- ❖ Airport assistance on Arrival and Departure
- ❖ All taxes and services.

1st WKF Youth World Cup & Training Camp



Please type in CAPITALS using letters from the LATIN alphabet only.
No participant will be accepted to the event if this form is not duly filled up and signed.
All of the fields are necessary.

PARENT CONSENT FORM

The undersigned, parent and legal guardian of the athlete:

Athlete's Name :			
Athlete's Surname :			
Sex (Male or Female) :		Date of Birth : (dd/mm/yyyy)	
Country :			
Address :			
Grade in karate :		Karate Style :	
Tel.:		Fax :	

give my consent to my son's/daughter's participation in the 1st WKF Youth World Cup and the preceding kata and kumite seminar that will take place in Evia island, Greece from 1st to 4th of July 2008.

The Parent & Legal Guardian

Name :	
Surname :	
Signature :	

NATIONAL FEDERATION's APPROVAL

NF's President's Name :		NF's stamp
NF's President's Surname :		
Signature :		