PARTICIPANTS LIST FOR 26th EUROSPITAL

Team Name:

Nationality:

	Players	Identity Card (for example Passport)	Date of birth	Size of Shirts FREE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
	NON PLAYERS			
15				
16				
17				
18				
19				
20				
21				
22				

EUROSPITAL EUROPEAN HEALTH SERVICES WORKERS FOOTBALL COMPETITION

International Official Partner

B|BRAUN SHARING EXPERTISE

PARTICIPANTS LIST FOR 26th EUROSPITAL

23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				

Team Manager:	
Contact Email:	
Contact Address:	
Speak English:	

The registration must be accompanied by a copy of the professional identification card of the participating athletes.

Send an application to: **fpccdsss@netcabo.pt**

PARTICIPANTS LIST FOR 26th EUROSPITAL

REGISTRATION LIST OF DOUBLE ROOM

TEAM NAME: _____

TEAM MANAGER: _____

ARRIVAL DATE____/____/_____

DEPARTURE DATE_____/____/____

LAST NAME	NAME	LAST NAME	NAME

EUROSPITAL ★★★ EUROPEAN HEALTH SERVICES WORKERS FOOTBALL COMPETITION

International Official Partner

B|BRAUN SHARING EXPERTISE

PARTICIPANTS LIST FOR 26th EUROSPITAL

REGISTRATION LIST OF TRIPLE ROOM

TEAM NAME: _____

TEAM MANAGER: _____

ARRIVAL DATE____/____/_____

DEPARTURE DATE_____/____/____

LAST NAME	NAME	LAST NAME	NAME	LAST NAME	NAME

EUROSPITAL EUROPEAN HEALTH SERVICES WORKERS FOOTBALL COMPETITION

International Official Partner

B|BRAUN SHARING EXPERTISE

PARTICIPANTS LIST FOR 26th EUROSPITAL

REGISTRATION LIST OF ROOM SINGLE

TEAM NAME: _____

TEAM MANAGER: _____

ARRIVAL DATE ____/____/_____

DEPARTURE DATE ____/____/____

LAST NAME **NAME**

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PARTICIPANTS LIST FOR 26th EUROSPITAL

PROGRAMM

TEAM NAME: _____

TEAM MANAGER: _____

CITY: _____ COUNTRY: _____

OFFICIAL PROGRAMM - 3 Nights - 18 the 21 in October 2018

Nº Participants Double /Triple/Room	_____	x	**250,00 €**	=	_____€
Nº Participants Single Room	_____	X	**340,00 €**	=	_____€
Extra Days – Before or After					
Nº Participants Double Room/per day	_____	X	**83,00€**	=	_____€
Nº Participants Single Room/per day	_____	X	**113,00€**	**=**	_____**€**
Transfer VV					
Nº Participants/ Faro/Airport/ Hotel	_____	X	**40,00€**	**=**	_____**€**
Nº Particiants/ Lisbon/Airport/Porches	_____	X	**40,00€**	**=**	_____**€**

OFFICIAL PROGRAMM - 2 Nights - 19 the 21 in October 2018

Nº Participants Double/Triple/ Room	_____	x	**166,00 €**	=	_____€
Nº Participants Single Room	_____	X	**266,00 €**	=	_____€
Extra Days – Before or After					
Nº Participants Double Room/per day	_____	X	**83,00€**	=	_____€
Nº Participants Single Room/per day	_____	X	**113,00€**	**=**	_____**€**
Transfer VV					
Nº Participants/Faro/Airport/Hotel	_____	X	**40,00€**	**=**	_____**€**
Nº Participants/Lisbon/Airport/Porches	_____	X	**40,00€**	**=**	_____**€**

PARTICIPANTS LIST FOR 26th EUROSPITAL

DEADLINE FOR REGISTRATION IS MARCH 31

TEAM NAME: _____

TEAM MANAGER: _____

CONTACT EMAIL: _____

CONTACT ADRESS: _____

SPEAK ENGLISH: _____

PAYMENT CONDITIONS

40% - ON REGISTRATION ACT

30% - UNTIL AUGUST 21

30% - UP TO OCTOBER 8

Payment by Bank transfer

Caixa Geral de Depósitos, the transfer costs are borne by the payer

- **IBAN PT 50 0035 0740 00017007530 76**
- **BIC / SWIFT CGDIPTPL**
- **Portuguese Federation of health and social security culture and sports centers**

Cancellation Policy:

- **More than 45 days from arrival we charge 15% in case of total cancellation. Between 45 and 30 days before we charge 35%.**
- **Between 30 and 15 days before we charge 60%.**
- **Between 15 and 7 days before we charge 100%.**
- **For partial reductions a reduction of 20% is allowed without penalty up to 45 days before arrival, from this moment the policy of total or partial cancellation per canceled room / apartment applies.**

PARTICIPANTS LIST FOR 26th EUROSPITAL

CHECK-IN AND CHECK-OUT

TEAM NAME: _____

CONTACT ADDRESS: _____

TEAM MANAGER: _____

CONTACT EMAIL:_____

SPEAK ENGLISH:_____

Arrival Date_____/_____/_____

Airport_____ Flight Number _____ Hour _____

Number of Participants_____

Departure Date_____/_____/_____

Airport_____ Flight Number _____ Hour _____

Number of Participants_____

TRANSFER VV YES: ☐

NO: ☐

Arrival Date_____/_____/_____

Airport_____ Flight Number _____ Hour _____

Number of Participants_____

Departure Date_____/_____/_____

Airport_____ Flight Number _____ Hour _____

Number of Participants_____

TRANSFER VV YES: ☐

NO: ☐