



Preliminary BOOKING FORM

NAME OF THE FEDERATION: _____

MAIN CONTACT: _____

NAME: _____ **SURNAME:** _____

PHONE: _____ **EMAIL:** _____

ROLE: _____

EVENTS

DAYS NECESSARY FOR THE EVENTS: _____

NAME OF THE EVENTS: _____

AREA NEEDED: _____

TYPE OF SPORT: _____

NUMBER OF EXPECTED PEOPLE: _____

COURSES OR SEMINAR

DAYS NECESSARY FOR THE EVENTS: _____

NAME OF THE EVENTS: _____

AREA NEEDED: _____

TYPE OF SPORT: _____

NUMBER OF EXPECTED PEOPLE: _____

Date and Place

Signature

Please send the form to info@internationalsportnetworkorganization.org