AIRPORT TRANSFER RESERVATION FORM FOR SUP ATHLETES



ECA SUP EUROPEAN CHAMPIONSHIPS SZEGED 2024

#### **PERSONAL DETAILS**

Name: E-mail address: Phone:

### **TRIP INFORMATION**

TYPE OF TRIP:		one-way		return		
	GHT:					
Arrival date:	day	month	2024	year		
Arrival time*:	day	month	2024	year		
Airline:						
Flight no:						
No. of passengers:						
No. of cabin bags:						
No. of suitcases/luggages:						
No. of hard boards:						
No. of inflatable boards:						

### **OUTBOUND FLIGHT:**

Departure date:	day	month	2024	year
Departure time**:	day	month	2024	year
Airline:				
Flight no:				
No. of passengers:				
No. of cabin bags:				
No. of suitcases/lugga	ges:			
No. of hard boards:				
No. of inflatable boards	S:			

# NAME AND ADDRESS OF THE HOTEL / PRIVATE ACCOMMODATION:

Name: Address:

# COMMENTS/SPECIAL REQUESTS:

\* please, indicate the scheduled arrival time of your flight, your pick-up time at the airport will be defined by the HOC

\*\* please, indicate the scheduled departure time of your flight, your pick-up time in Szeged will be defined by the HOC