

**Entry form**

**IOF FootO Event Advisers’ Clinic**

**11th – 13th November 2022, La Marina (Alicante), Spain**

# Application process

1. Applicant checks with his/her Federation that they will endorse the participation
2. Applicant fills in the whole form and e-mails this form to the Federation contact
3. Federation endorses by forwarding applicant’s e-mail to Unni Strand Karlsen – [tar-kar@outlook.com](mailto:tar-kar@outlook.com) Subject: Application to Clinic – “Name of the Applicant”. Content: I hereby endorse this application.
4. The IOF Foot Orienteering Commission processes the application and confirms to participant and Federation.

# Entry deadline: 7th November 2022 only Clinic / with accommodation 24th October 2022

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| --- | --- |
| **Name:** |  |
| Federation represented: |  |
| Full postal address: |  |
| E-mail address: |  |
| Mobile phone number (int. format): |  |
| Relevant positions held in orienteering: |  |
| Event organising experience (course setting, controlling, etc.) |  |
| Athlete experience in orienteering (results, countries orienteered in): |  |
| Any food allergies: |  |

In the following form, you can choose from offered services and select the payment option (bank transfer or cash) and currency (TL or EUR). All services must be paid by one of the options below. **Accommodation can only paid by bank transfer in advance!** Further enquiries or questions should be sent to Marta Armisén: [secretaria.fedo@gmail.com](mailto:secretaria.fedo@gmail.com)

|  |  |  |
| --- | --- | --- |
| **Service** |  | **Price in EUR** |
| **Entry fee**  This is mandatory item including participation in the clinic~~,~~ |  | 100 EUR |
| **Accommodation** in **HOTEL** incl. breakfast  Double room for 1 person. Price for one person / night. Friday 11.11.  Saturday 12.11.  Sunday 13.11. |  | 48,5 EUR  48,5 EUR  48,5 EUR |

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| **Accommodation** in **HOTEL** incl. breakfast  Double room for 2 person. Price for one person / night.  Friday 11.11.  Saturday 12.11.  Sunday 13.11. |  | 42 EUR  42 EUR  42 EUR |
| **Accommodation** in **HOTEL** incl. breakfast and dinner  Double room for 1 person. Price for one person / night.  Friday 11.11.  Saturday 12.11.  Sunday 13.11. |  | 52 EUR  52 EUR  52 EUR |
| **Accommodation** in **HOTEL** incl. breakfast and dinner  Double room for 2 persons. Price for one person /night. Friday 11.11.  Saturday 12.11.  Sunday 13.11. |  | 45 EUR  45 EUR  45 EUR |
| **Breakfast** for people not staying at the hotel  Price for one person  Friday 11.11.  Saturday 12.11.  Sunday 13.11. |  | 7,50 EUR  7,50 EUR  7,50 EUR |
| **Lunch or Dinner** for people not staying at the hotel  Price for one person  Friday 11.11.  Saturday 12.11.  Sunday 13.11. |  | 12,50 EUR  12,50 EUR  12,50 EUR |
|  |  | |
| **TOTAL SUM OF ORDERED SERVICES** | TL | EUR |

# Method of Payment

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| **Bank Transfer in EUR**  If checked, the invoice in EUR will be issued to you. Keep in mind that costs of the bank transfer must be paid by the sender. |
| **IBAN: ES45 2100 5808 0013 0031 6213** |
| **Invoicing address:** (Fill only if “Bank Transfer in TL” or “Bank Transfer in EUR” option chosen) |

**Notes** (optional field, not compulsory)

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| **Endorsement of your attendance at this clinic by your National Federation** | |
| Name: |  |
| Position / role: |  |
| E-mail address: |  |