



## **Hotel Sheet for Judges**

THIS FORM MUST BE RETURNED BY: JANUARY 24, 2014

Please fill in with computer or write in capital letters!

Form B 02

Single Rooms				
Name	Given Name	Arrival Date	Depart. Date	
1				
3				
4				
. Twin-Bed Rooms				
Name	Given Name	Arrival Date	Depart. Date	
2				
3				
4				

fax: +359 2 987 77 71 e-mail: office@bsf.bg