

RESERVATION FOR MALTA OPEN DANCE SPECTACULAR 2012

NAME: _____

ADDRESS: _____

COUNTRY: _____

PHONE/FAX NUMBER/E-MAIL:

Flight Number:	
Arrival Date:	
Arrival Time:	
Departure:	
Flight Number:	
Departure Time:	

Number of nights at Hotel H/B or B/B:	
Double/Single room:	
Name of person sharing room:	
Transport Hotel/Hall : yes/no:	
Number of Wheelchair Users:	
Number of Electric wheelchairs:	
Number of extra Wheelchairs:	
Other Information:	

Please fill out one form for each room

Tickets for spectators Sat 24th Nov /Sun 25th Nov: _____ x€15.00pp = _____ €

Please complete form and send to info @maltawda.com or post to: 23 St. George's Str., PAOLA, Malta PLA 07
. Closing date: 4thNov 2012

Date: _____ Signature: _____