



CONFEDERATION  
AFRICAINNE  
DE HANDBALL

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CONFEDERATION

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**24<sup>rd</sup> WOMEN'S JUNIORS AFRICA NATIONS CHAMPIONSHIP**  
**03<sup>rd</sup> to 11<sup>th</sup> September 2017 Abidjan (Côte d'Ivoire)**

**ACCOMMODATION  
REQUEST FORM**

Federation			
<b>ARRIVAL</b>			
Date	Time	Flight N°	Company
<b>DEPARTURE</b>			
Date	Time	Flight N°	Company

**ROOMS REQUESTED**

Designation		Number single rooms	Number double rooms
<b>Official delegation</b>	Head of delegation		
	Athletes & coaches		
<b>Additional Persons</b>			

***N.B.: One delegation is composed of 25 persons***

Place & Date .....

Name & Full name of the head of delegation

Signature & stamp of federation

*Please fulfil this form and return it to CAHB Secretariat on August 1<sup>st</sup>, 20167, at last.*



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CAHB