Viking Cup International 2005
HOTEL RESERVATION

Club and country: _____

Name	Reservation		Total number of nights
	From	To	

We will arrive at the hotel: date: _____ hour: _____

The hotel fee shall be paid at arrival to the secretary of the organizing committee in hotel PRISMA.
Please send the form to:

Skovde Taekwon-Do Club
Box 92026
541 02 Skovde
SWEDEN
E-mail: tkd@bredband.net

Final deadline: 1st of March 2005