

RESERVATION FOR MALTA OPEN DANCE SPECTACULAR 2016

NAME:

ADDRESS:

COUNTRY:

PHONE/FAX NUMBER/E-MAIL:

Flight Number:	
Arrival Date:	
Arrival Time:	
Departure:	
Flight Number:	
Departure Time:	
Number of nights at Hotel please circle 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 Size of w/c:	

Please fill out one form for each room

Tickets for spectators Sat 26th Nov /Sun 27th Nov: _____ x €20.00per person = €_____

Please complete form and send to info@maltawda.com or post to: 23 St. George's Str., PAOLA, Malta PLA 07. All payments should be paid to the following bank prior to arrival.

Closing date: 25th October 2016.

Bank of Valletta plc

IBAN: MT09VALL22013000000040022370668

Swift code: VALLMTMT

Date: _____ Signature: _____