**Form 9**

**MEAL RESERVATION**

**Please return this form before 16 Fevrier 2024**

to Organizing Committee: elisabethcognet@gmail.com, sylvie.coupez@wanadoo.fr

| **Team Name** |  |
| --- | --- |
| **Contact Person / Phone** |  |  |
| **E-mail** |  |

| **Days**  | **Lunch**  | **Dinner**  | **Total** |
| --- | --- | --- | --- |
| **Friday** **19 April 2024** |  | **warm meal****16.00 € x \_\_\_\_\_\_ =**  | ***\_\_\_\_\_\_\_\_\_\_€*** |
| **Saturday** **20 April 2024** | **warm meal****16.00 € x \_\_\_\_\_ =**  | **take-away****8.50 € x \_\_\_\_\_\_\_ =**The take-away includes two sandwiches, a chocolate bar, fruits and a beverage. | ***\_\_\_\_\_\_\_\_\_\_€*** |
|  |  | ***Total amount to pay in €*** | ***\_\_\_\_\_\_\_\_\_\_€*** |

| **Special requests (allergies, diet, or similar)** |
| --- |
|  |

| **Date**  | **Signature**  |
| --- | --- |