



2025 DIBF EUROCUP

Men & Women

04-07 June 2025
Larissa, GREECE



HOTEL RESERVATION FORM

Please, type the names to avoid errors:

CLUB / TEAM NAME:				
COUNTRY:				
NUMBER OF PEOPLE:	MEN:		WOMEN:	

DATE OF ARRIVAL:	
DATE OF DEPARTURE:	

PRICE:	€ 50,00- EUR a day per person in triple room = _____ PERSONS € 58,00- EUR a day per person in double room = _____ PERSONS € 80,00- EUR a day per person in single room = _____ PERSONS
TOTAL PRICE:	_____, _____ - EUR
VAT NUMBER:	(Please note with "no VAT number available" if your club has no VAT number)

CONTACT NAME:	
EMAIL ADDRESS:	
MOBILE SMS:	(Please include your country code)

Deadline date of sending hotel reservation form: **31 MAY 2025**

Booking deposit 30%-50% within: **30 APRIL 2025**

Final balance to the OC Office within: **31 MAY 2025**

Beneficiary name: ATHLETIC ASSOCIATION DEAF - HARD HEARTED OF LARISSA

Heading: 2025 DIBF Eurocup Larissa 04-07 June

BANK ACCOUNT: EUROBANK

IBAN: GR 3802602170000330203160044

KOD Swift/BIC: EFGBGRAA

DECLARATION OF UNDERSTANDING

We hereby certify that the statements and information in this application form are true and correct to the best of my knowledge.

Date and place

Signature
Deaf Basketball Club

DEADLINE: **30 APRIL 2025**

PLEASE SEND THE FORM TO: 2025dibfeurocup@gmail.com

(DIBF Europe Committee will issue confirmation of form received)