



2026 DIBF EUROCUP

Men & Women

11-14 November 2026
Lodz, POLAND



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:	HOTEL NOVOTEL € 85 - EUR a day per person in single room - ____ PERSONS / ____ ROOMS = ____ TOTAL € 65 - EUR a day per person in double room - ____ PERSONS / ____ ROOMS = ____ TOTAL
	HOTEL IBIS € 75 - EUR a day per person in single room - ____ PERSONS / ____ ROOMS = ____ TOTAL € 55 - EUR a day per person in double room - ____ PERSONS / ____ ROOMS = ____ TOTAL
	TOTAL PRICE: _____ - EUR
	VAT NUMBER: _____ <i>(Please note with "no VAT number available" if your club has no VAT number)</i>

CONTACT NAME:	
EMAIL ADDRESS:	
MOBILE SMS:	<i>(Please include your country code)</i>

Deadline date of sending hotel reservation form: **15 JULY 2026**

Booking deposit 30%-50% within: **15 JULY 2026**

Final balance to the OC Office within: **30 OCTOBER 2026**

Beneficiary name: LODZKI DEAF SPORTS CLUBS

Heading: 2026 DIBF EuroCup Lodz 11-14 November 2026

BANK ACCOUNT: PKO BANK POLAND

IBAN: PL 15 1240 3073 1111 0010 8471 1026

KOD Swift/BIC: PKOPPLPW

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: **15 JULY 2026**

PLEASE SEND THE FORM TO: 2026dibfeurocup@gmail.com