



HOSPITALITY FORM

TO BE SENT TO: info@fragliavelariva.it

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|---------------------------------------|--|
| Sailing Club: | |
| Coach or Team Leader name: | |
| Class: | |
| Number of boat and coach boat: | |
| Date of Hospitality: | |

Team:

| | |
|------------|------------|
| 1) | 11) |
| 2) | 12) |
| 3) | 13) |
| 4) | 14) |
| 5) | 15) |
| 6) | 16) |
| 7) | 17) |
| 8) | 18) |
| 9) | 19) |
| 10) | 20) |

I ask to the President of Fraglia Vela Riva the hospitality.

Many thanks.

Signature

After that request, the secretary office of Fraglia Vela Riva will send you the price and the final decision.
YOU MUST HAVE AT THE MOMENT YOU ARRIVE AT FRAGLIA VELA RIVA OUR AUTHORISATION.

FRAGLIA VELA RIVA A.S.D.

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