

# THE HOTEL KART RACE



## REGISTRATION FORM (OPEN)

DATE	:	__/__/__
HOTEL NAME	:	_____
YOUR NAME	:	_____
YOUR POSITION IN THE HOTEL	:	_____

We are interested to participate to your event. We would like to know more.

Please, contact the following persons for further coordination

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Email

**IPSAL contacts are:**  
**KATEŘINA (777 807 573)**  
**MARC (602 310 885)**

**Please send this form filled to [IPSALCUP@IPSAL.CZ](mailto:IPSALCUP@IPSAL.CZ)**

**REGISTRATION FORM OPEN**