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| **ROOM LIST** **To be returned to** **pbsi\_sby@yahoo.com** **or Fax. +62-31-5997544** **not later than 27 April 2017**

|  |
| --- |
| Name of Member Badminton Association : |
| Contact Person : |  |
| Fax No : | Phone/Mobile No :  |
| Email : | Date : |

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|  |  |
| **No** | **Name (s)****Family name first****(Room for 2 Person)** | **Designation****(e.g Player /****Team / Official)** | **Room Type**  | **Check In** | **Check Out** | **Remarks** |
| 1 |  |  |  |  |  |  |
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