Hotel Registration Form

Transplant Football World Cup Frankfurt 2026

HOTEL: B&B Hotel Frankfurt City-Ost, Hanauer Landstraße 117, 60314 Frankfurt am Main
SUBMISSION EMAIL: frankfurt-city-ost@hotelbb.com
ALLOTMENT CODE (KONTINGENT): 1770193

Instructions / How to use this form:

1. **Download & Save:** Please download and save this PDF to your computer or mobile device **before** filling it out.
2. **Fill Out:** Enter your details in the digital fields.
3. **Save & Rename:** Save the completed file. We recommend renaming it to: `Registration_WorldCup_YourName.pdf`.
4. **Email:** Send the saved PDF as an attachment to **frankfurt-city-ost@hotelbb.com**.

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1. Booking Category (Please select one)

( ) Team Booking (One collective invoice for the whole team/group)
( ) Individual Booking (Private booking / Self-payer)

2. Contact & Billing Details

Field	Information
Team (Country):	_____
Contact Person (First & Last Name):	_____
Billing Address:	_____ _____ _____
Email Address:	_____
Phone Number (with country code):	_____

3. Stay Details

- **Standard Check-in Date:** _____
- **Standard Check-out Date:** _____

( ) Multiple stay dates - Rooming List (Page 3) is attached.

4. Room Requirements (Total)

Please indicate the number of rooms required:

- Breakfast included

Room Category	Price per Room/Night	Number of Rooms
Single Rooms	(69,00 Euro)	_____
Double Rooms (1 bed)	(89,00 Euro)	_____
Twin Rooms (2 beds)	(89,00 Euro)	_____
Triple Rooms (3 beds)	(119,00 Euro)	_____
Family Rooms (1 big bed, 1 bunk bed with limited weight on the upper bed)	(139,00 Euro)	_____

5. Payment Terms & Method

- **100% prepayment** is required by **August 10, 2026**.
- **Preferred Payment Method:**
  - **( )** Charge my credit card automatically after invoice issuance.
  - **( )** I will perform a bank transfer upon receipt of the invoice.

6. Credit Card Information

Field	Information
Kind of Card (Master, Visa e.g.)	_____
Cardholder Name:	_____
Card Number:	_____
Expiry Date (MM/YY):	_____ / _____
( ) I do not have a credit card. (Payment must be made via bank transfer).	

7. Additional Information & Special Requests

- **Note:** City tax of **€2.00 per person/night** is charged additionally.
- **Requests (e.g., medical needs, medication cooling):**

_____

8. Confirmation

Date: _____ **Signature:** _____

Rooming List (Spreadsheet Style)

Team Name: _____ **Hotel:** B&B Hotel Frankfurt City-Ost

Please use this table for multiple participants or differing stay dates. Ensure the totals match above: ***4. Room Requirements (Total)****.*

#	Last Name	First Name	Room Type	Arrival Date	Departure Date	Special Requests
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

Submission: Save this entire document and email it to **frankfurt-city-ost@hotelbb.com**. For more than 19 participants, please attach a separate Excel file.