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***65 th International Children`s Festival Šibenik – Croatia***

**Rooming list**

**Name of the theatre / artist:**

**Total number of participants:**

**Arrival:**

**Departure:**

**Name of a person incharged for the group and the contact number:**

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|  | **GUEST NAME** | **M / F** | **POSITION** | **VEGETERIAN / NON VEGETERIAN** |
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