

Booking form for the International Chapter of the "Pilgrims of St. Francis"

Please complete a separate form for each adult
and send by post or email to the National Guardian before 31 March

Surname **First name** **Gender** *m* *f* *d* **Age**

Address (including postcode) **Country** **Nationality**

Telephone (with int. prefix) **Mobile** (with int. prefix) **E-mail**

Personal remarks (special needs health, diet, vegetarian, allergies, ...)

Religion (optional) **Occupation** (optional)

Languages spoken

English	<input type="checkbox"/> <i>a little</i>	<input type="checkbox"/> <i>good</i>	<input type="checkbox"/> <i>fluently</i>	French	<input type="checkbox"/> <i>a little</i>	<input type="checkbox"/> <i>good</i>	<input type="checkbox"/> <i>fluently</i>
German	<input type="checkbox"/> <i>a little</i>	<input type="checkbox"/> <i>good</i>	<input type="checkbox"/> <i>fluently</i>	Dutch	<input type="checkbox"/> <i>a little</i>	<input type="checkbox"/> <i>good</i>	<input type="checkbox"/> <i>fluently</i>
Spanish	<input type="checkbox"/> <i>a little</i>	<input type="checkbox"/> <i>good</i>	<input type="checkbox"/> <i>fluently</i>	Swedish	<input type="checkbox"/> <i>a little</i>	<input type="checkbox"/> <i>good</i>	<input type="checkbox"/> <i>fluently</i>
Italian	<input type="checkbox"/> <i>a little</i>	<input type="checkbox"/> <i>good</i>	<input type="checkbox"/> <i>fluently</i>	<input type="text"/>	<input type="checkbox"/> <i>a little</i>	<input type="checkbox"/> <i>good</i>	<input type="checkbox"/> <i>fluently</i>

I will bring a musical instrument with me

Contact in case of emergency (name, telephone number with the international prefix)

I do not want pictures of me published in publications, web page, etc.

Accommodation

- I cannot use the upper bed.**
- I wish to hire bed linen (if offered).**
- I wish to hire towels (if offered).**
- I wish to eat meat.**

Arrival

- Friday night** **Saturday**
- Car** **Train/Bus**

I require transport from the railway station. Estimated time of arrival:

I will bring children with me

Surname	First name	Gender	Age
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <i>m</i> <input type="checkbox"/> <i>f</i> <input type="checkbox"/> <i>d</i>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <i>m</i> <input type="checkbox"/> <i>f</i> <input type="checkbox"/> <i>d</i>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <i>m</i> <input type="checkbox"/> <i>f</i> <input type="checkbox"/> <i>d</i>	<input type="text"/>

Address of children if different from applicant