

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

Please complete a separate form for each adult
and send together with the form "Data protection and publication rights"
by post or email to the National Guardian

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"/>
Address (including postcode)		Country	Nationality
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (with int. prefix)	Mobile (with int. prefix)	E-mail	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Personal remarks (special needs health, diet, vegetarian, allergies, ...)			
<input type="text"/>			

Religion (optional)	Occupation (optional)
<input type="text"/>	<input type="text"/>

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)

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"/>
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<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