

Pellegrinagg ghal Lourdes
bejn it-28 ta' Awwissu u is-2 ta' Settembru 2024
Prezz: €648 + €52 taxxi = €700

APPLIKAZZJONI GHALL-PELLEGRINI



This form must be filled up correctly and completed fully so that application can be processed

Isem u Kunjom: Dr/Mr/Mrs/Ms/Miss _____
(bhalma jidher fuq il-passaport)

Indirizz: _____ POSTCODE: _____

ID No: _____ Expiry date: _____

PASSAPORT Nru: _____ Data tal-Hrug: _____ Data tal-Gheluq: _____

Data tat-Twelid: _____ Email: _____

Tel No: _____ Mobile No: _____

Next of Kin _____ Mobile No: _____

Impieg _____

Tbaghti minn xi marda jew kundizzjoni? IVA / LE (Jekk IVA, imla' wara)

Importanti li jkollok medical insurance(Group travel insurance hija possibli) u l-European Health Insurance Card

Jien nixtieq nhallas sabiex jkolli Single Room (100 euro)

Data _____ Firma _____

L-ebda applikazzjoni ma tigi accetata minghajr **depożitu ta' €100** (Cheque pagabbli lil "A.V.L.") jew bank transfer HSBC Account No 033-203134-050 IBAN MT27MMEB4433600000033203134050. Jekk ser taghmel bank transfer ibghat kopja tal-pagament ma l-applikazzjoni.

Din l-applikazzjoni trid tasal fl-indirizz ta' hawn taht mhux aktar tard mill-**31 ta' Mejju 2024**:

Importanti li kulhadd ikun hallas il-membership 10 euro.

Ghal dawk li ghadhom ma halsux importanti li timlew il-formola u tistghu tibghatuha flimkien ma din l-applikazzjoni.

**Louise Cini,
142, Ginjeri Court, Appt 4
New Mill Street
Mellieha**



Ċertifikat Mediku għall-PELLEGRINI

Isem u Kunjom: _____ ID No. _____

Medical Conditions:

Treatment being undertaken for above or other:

Remarks (cannot walk long distances, shortness of breath, chest pain, overweight, special needs/meals, etc.)

Signature of Doctor _____ Date _____

Name in Block Capitals: _____ Med. Reg. No. _____

Address: _____

Tel No: _____

STAMP:

