

REGISTRATION



LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

DATES OF STAY: _____

FORMULAS AND SELECTED OPTIONS: _____

ARE YOU A VEGETARIAN? : Yes No

INDICATE IF YOU ARE COMING WITH OTHER PEOPLE: _____

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At _____ on _____

Signature