

Registration form
Medical Service Medjugorje 2022

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We hereby bindingly register the following team for the medical service deployment in Medjugorje 2020:

Period of service: _____ **2022** **Alternative:** _____ **2022**
(Arriving in Medjugorje) DD.MM. - DD.MM. DD.MM. - DD.MM.

1. Surname / first name _____ **Date of birth:** _____

Adress: _____

Phone number (Mobile): _____

eMail: _____

Medical qualification: _____ **Certificate attached:** _____

Language skills: _____ **Driving license / class:** _____

2. Surname / first name _____ **date of birth:** _____

Adress: _____

Phone number (Mobile): _____

eMail: _____

Medical qualification: _____ **Certificate attached:** _____

Language skills: _____ **Driving license / class:** _____

We hereby confirm the human, professional and physical suitability for this commitment:

Signature to 1.: _____ **Signature to 2.:** _____