

Registration form
Medical Service Medjugorje

Malteser Hilfsdienst e.V.

RETURN TO: koordinator.medjugorje@malteser.org

Mobile: Udo Blaseg :: +49 170 904 1004



Malteser

We hereby bindingly register the following team for the medical service deployment in Medjugorje:
(Please write readable in block letters!)

Period of service:

Arriving in / Departure from Medjugorje: Saturday 12.00 DD.MM.YYYY

Alternative:

DD.MM.YYY)

1. Surname / first name

Date of birth:

Adress:

Phone number (Mobile):

eMail:

Medical qualification:

(pls attach certificate)

Language skills:

Driving license / class:

2. Surname / first name

Date of birth:

Adress:

Phone number (Mobile):

eMail:

Medical qualification:

(pls attach certificate)

Language skills:

Driving license / class:

Signature to 1.:

Signature to 2.:

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