**Please complete and return by email to: servasinhetnoorden@servasnl.org**

***The sooner you register the more chance you have to be our guest*** ( maximum of 30 persons)

|  |  |  |
| --- | --- | --- |
| 1 | Number of people |  |
| 2 | Name(s), first name + age(s) |  |
| 3 | Country |  |
| 4 | Street + house number |  |
| 5 | Postcode + city/village |  |
| 6 | Email address |  |
| 7 | Telephone (landline) |  |
| 8 | Telephone (mobile) |  |
| 9 | Coming by car or public transport |  |
| 10 | Languages spoken |  |
| 11 | Dietary requirements |  |
| 12 | Allergies |  |
| 13 | Prefer to walk/cycle on Sunday (2 hrs) (please choose) |  |
| 14 | Other wishes, ideas, requests:  |  |