

Registration form
Medical Service Medjugorje 2024

Malteser Hilfsdienst e.V.

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We hereby **bindingly** register the following team for the medical service deployment in Medjugorje 2023:
(Please write readable in block letters!)

Period of service: _____ 2024 **Alternative:** _____ 2024
Arriving in / Departure from Medjugorje: Saturday 12.00 DD.MM.YYYY DD.MM.YYYY

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

Adress: _____

Phone number (Mobile): _____

eMail: _____

Medical qualification: _____ (attach certificate)

Language skills: _____ Driving license / class: _____

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

Adress: _____

Phone number (Mobile): _____

eMail: _____

Medical qualification: _____ (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:

Date / Name / Signature of local Supervisor or Diocese