REGISTRATION FORM GUEST CONTRIBUTION

for contributing guests

Based on the statute on the collection of a guest contribution from the local community Volkesfeld from 15.12.2017

Reesidential Operation/private Accommodation			Day of a	rival	Day of expected departure	
			Day or al	ııvdı	ueparture	
		ا				
			Dloos	a tick if a	nnlicable	
			Please tick if applicable a) b) c)			
Notification requirement			underage	severely disab GdB > 50 %	led companion	
1.			< 12 Years	GUB > 30 %		
Last name, first name	Date of birth	-		<u> </u>		
Street and house number		-				
· · · · · · · · · · · · · · · · · · ·						
Postal code and city		-				
Other passengers						
2.						
Last name, first name	Date of birth	-				
3.						
Last name, first name	Date of birth	-				
4.		_				
Last name, first name	Date of birth	-				
5.		_				
Last name, first name	Date of birth					
6.		-				
Last name, first name	Date of birth					
7.		_			. L	
Last name, first name	Date of birth					
8.		_				
Last name, first name	Date of birth					
9.	Data of hint	-			. L	
Last name, first name	Date of birth					
10.	Date of birth	-				
Last name, first name	Date of birth	.		Amoun	t of people	
Travel groups		from which				

]				
Tour operator, company	Number of peo	ple			contrib ory	

Date, signature (guest/tour operator)

Excluded from the payment of guest constribution are:

- a) Children and adolescents until completing the age of 12,
- b) Severely disabled persons whose degree of disability is at least 50 and the degree of disability is evidenced by a medical certificate, severely disabled persons card or pension certificate,
- c) Accompanying persons of severely handicapped persons, whose degrees is at least 50, if the necessity of the accompaniment is evidenced by a medical certificate.