



## GROUP REGISTRATION

### CONTACT

Name of the group .....

Resource person .....

Position .....

Address & country .....

.....

Phone .....

E-mail .....

Diocese or congregation .....

.....

Linked to the PMS  yes  no

### HEADCOUNTS

Total number of pilgrims .....

Sick pilgrims number .....

Disabled pilgrims number .....

Young pilgrims number .....

*Please, send us as soon as possible a list with the names of the people in your group, specifying for each their identity, complete contact details and email as well as any useful information (function, health status, age, etc.)*

### ACCOMODATION

Personnal accomodation

Hotel accomodation with the other pilgrims

*This form has to be sent by mail at [lourdes2020@opm-france.org](mailto:lourdes2020@opm-france.org) or under envelope at OPM Lourdes 2020, 12 rue Sala 69002 Lyon - France*