



PELSŐ CAMPING KFT.

Registration Form

Please fill in the registration form legibly, in block letters!

Please return the completed registration form to this address: info@pelsocamping.hu

DETAILS OF THE CONTRACTING GUEST:

Name (last name, first name):	
Address:	
Birth year/month/day, age:	
Place of birth:	
ID card number:	
Is any additional guest arriving with you?	

DETAILS OF PERSON 1 ARRIVING TOGETHER WITH THE CONTRACTING GUEST:

Name (last name, first name):	
Address:	
Birth year/month/day, age:	
Place of birth:	
ID card number:	

DETAILS OF PERSON 2 ARRIVING TOGETHER WITH THE CONTRACTING GUEST:

Name (last name, first name):	
Address:	
Birth year/month/day, age:	
Place of birth:	
ID card number:	

DETAILS OF PERSON 3 ARRIVING TOGETHER WITH THE CONTRACTING GUEST:

Name (last name, first name):	
Address:	
Birth year/month/day, age:	
Place of birth:	
ID card number:	



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DETAILS OF PERSON 4 ARRIVING TOGETHER WITH THE CONTRACTING GUEST:

Name (last name, first name):	
Address:	
Birth year/month/day, age:	
Place of birth:	
ID card number:	

DETAILS OF PERSON 5 ARRIVING TOGETHER WITH THE CONTRACTING GUEST:

Name (last name, first name):	
Address:	
Birth year/month/day, age:	
Place of birth:	
ID card number:	

DETAILS OF PERSON 6 ARRIVING TOGETHER WITH THE CONTRACTING GUEST:

Name (last name, first name):	
Address:	
Birth year/month/day, age:	
Place of birth:	
ID card number:	

Motor vehicles registration number (MAX. 2):

1. Motor vehicle registration number:	
2. Motor vehicle registration number:	