

HOSPITALITE NOTRE DAME DE LOURDES

* sections which must be completed

Accueil Jean-Paul II B.P. 197

65106 LOURDES Cedex

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Email : hospitalite-lourdes@wanadoo.fr

Date :

REQUEST FOR SERVICE

Mr / Mrs / Miss * Surname* First name *

 Date of birth * _____ Place of birth *

 Home address *

 Postcode * Town * Country *

 Telephone * Mobile * Email *

 Diocese * Profession * (if retired please state your former profession)

Languages spoken fluently * :

| | | | | | | |
|-----------|--------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Status * | 1st Year Stagiaire | <input type="checkbox"/> | 2nd Year Stagiaire | <input type="checkbox"/> | 3rd Year Stagiare | <input type="checkbox"/> |
| | 4th Year Stagiaire | <input type="checkbox"/> | Stagiaire (5th Year +) | <input type="checkbox"/> | Hospitalier | <input type="checkbox"/> |
| Service * | Notre Dame | <input type="checkbox"/> | St John the Baptist | <input type="checkbox"/> | St Bernadette | <input type="checkbox"/> |
| | Marie St Frai | <input type="checkbox"/> | St Joseph | <input type="checkbox"/> | St Michel | <input type="checkbox"/> |

For your 1st year YOU MUST attach a photocopy of your passport, an ID photo and a letter of recommendation from a priest in your diocese, the President of your pilgrimage Hospitalité or a member of HNDL.

DATES OF SERVICE

Start of service : Day * Month* Year * Time (approx)*
 End of service : Day * Month* Year * Time (approx)*

Alternative dates, should this be necessary :

Start of service : Day * Month* Year * Time (approx)*
 End of service : Day * Month* Year * Time (approx)*

REQUEST FOR ACCOMMODATION

Arriving in Lourdes : Day * Month* Year * Time (approx)*
 Departing Lourdes : Day * Month* Year * Time (approx)*

I do not require accomdati

DL accommodation requested

| | | | |
|--------------------------------|--------------------------|-------------------|--------------------------|
| Bed in cubicle | <input type="checkbox"/> | | |
| Single room (disabled) | <input type="checkbox"/> | Single room | <input type="checkbox"/> |
| Double room | <input type="checkbox"/> | Triple room | <input type="checkbox"/> |
| Studio (for 2 ,3, or 4 people) | <input type="checkbox"/> | Duplex (4 people) | <input type="checkbox"/> |

Please complete this section if you have a preferred HNDL accommodation centre linked to your place of service :

| | | | | | |
|---------------------------------------|----------------------|--------------------------|---------------------------------|----------------------|--------------------------|
| Notre Dame Service | Notre Dame du Oui | <input type="checkbox"/> | Marie Saint Frai Service | Notre Dame du Oui | <input type="checkbox"/> |
| | Marie Bernadette | <input type="checkbox"/> | | Marie Saint Frai | <input type="checkbox"/> |
| | Hospitalet 4th floor | <input type="checkbox"/> | | Hospitalet 4th floor | <input type="checkbox"/> |
| Saint John the Baptist Service | Home Gabriel | <input type="checkbox"/> | Gentlemen | Sainte Bernadette | <input type="checkbox"/> |
| | Home Notre Dame | <input type="checkbox"/> | | Benoît Joseph Labre | <input type="checkbox"/> |
| | Benoît Joseph Labre | <input type="checkbox"/> | | Notre Dame du Oui | <input type="checkbox"/> |
| | Notre Dame du Oui | <input type="checkbox"/> | | | |

There is a very limited number of double rooms, studios and duplex and these can only be allocated to couples /families where both husband and wife are Hospitaliers or Stagiaires in service in Lourdes. In this case please indicate :

Husband : _____ Wife : _____

For family groups please indicate the number of children : _____

Comments : _____
