

HOSPITALITE
DE
N.D. DE LOURDES
B.P. 197
65106 LOURDES CEDEX
TEL. : 05.62.42.80.80
FAX : 05.62.42.80.81
e.mail : hospitalite@lourdes-france.com

REQUEST FOR STAGE AND ACCOMMODATION

At..... Date.....

NAME : First name :

Hospitalier(e) Stagiaire : 1st Year 2nd Year 3rd Year 4th Year Auxiliary member

Date of birth : Place of birth

Home address :

Town Post code..... Country.....

Tel..... Fax..... e-mail

Diocese : Profession :

(if retired please state profession prior to retirement)

Date service starts : Time Date service ends : Time

In which service do you work

Accueil Formation Saint Joseph Saint Michel Piscines Notre Dame Saint Frai

*Please tick the appropriate box

Foreign languages that you speak fluently :

Request for accommodation

Single couple Mr : Name..... Miss/Mrs : Name.....

Please reserve for me, if possible : a bed, a room, a double room, a studio : see below for options

Because the availability of studios and double rooms is very limited, we can only allocate them to couples where both the husband and wife are Hospitaliers in service at Lourdes.

*Date of arrival in Lourdes : Time Date of departure : Time

***To be filled in only if your accommodation dates are different from your « stage » dates above : no more than one day before the date your service starts and one day after it ends.**

For Hospitalier : - **Notre Dame Service :** - **The Piscines Service:** - **Marie Saint Frai Service :**

SAINTE BERNADETTE

HOSPITALET

HOME GABRIEL

MARIE SAINT FRAI

BENOIT LABRE

VILLA BERNADETTE

HOME NOTRE DAME

FLORENCE

MAISON MARTHE ET MARIE

BENOIT LABRE

FLORENCE

FLORENCE