**REGISTRATION FORM**

**Zaanse Schans en visit Marken**

**Saturday, May 10, 2025**

Name: .................................................. Reg. No.:................ Mobile Number: ................

registers with the following persons:

(if you are going as well, please fill in your own name below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name** | **First name** | **Date of Birth** | **Relations to PV member** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

He/She agrees that the total amount will be deducted from the salary.

Retirees will receive an invoice.

**REGISTRATION IS OPEN UNTIL MARCH 17, 2025 (PLEASE NOTE: FULL = FULL)!**

**AFTER THIS DATE, YOU WILL RECEIVE A CONFIRMATION**

Please submit this form to the secretariat of the DAF PV!

Date Signature:

...................... .................................

Celinda Wernaart

Secretariat DAF Employees' Association

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