



LUXEMBOURG CITY

Arrival: ____/____/____
Departure: ____/____/____

Group Registration Card

Name: _____ First Name: _____

Date of Birth: ____/____/____ Nationality: _____

Place and country of Birth: _____

ID / Passport: _____ Place and country of issue: _____

Date of Issue: _____ Country of Residence: _____

Signature: _____

Please note that our entire property is a non-smoking area.

Room number: _____

A Penalty of € 200 EUR will be charged to you in case of non-respect.