



CENTRE SPIRITUEL d'ACCUEIL et de FORMATION

CENTRE
ASSOMPTION

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FAMILY NAME :

NAME :

ADDRESS :

ZIP CODE :

CITY :

BIRTHDATE :

TEL :

MOBILE :

MAIL :

**In addition to your stay in Lourdes,
we can offer you**

**A sharing and listening time with a
Sister of the Assumption on site:**

I would like to register: Yes ☐ No ☐

STAY

ARRIVAL

DATE TIME

MEAL 12H30 ☐ 19H ☐ NO MEAL ☐

PICNIC ☐ If so ; Qty

DEPARTURE

DATE TIME

MEAL 12H30 ☐ 19H ☐ NO MEAL ☐

PICNIC ☐ If so ; Qty

ACCOMMODATION

NUMBER OF ADULTS :

TEENAGERS (11-18y) :

CHILDREN (3-11y) :

REQUESTED ACCOMMODATION :

FAMILY ROOM

☐

COUPLE ROOM

☐

DOUBLE ROOM

☐

BETHANIE HOUSE

☐

MAMBRE FLAT

☐

Requests will be honoured following our availability

SPECIAL REQUESTS :

Single room

☐

Room with shower

☐

Room with view on the Sanctuary

☐

Special requests will be subject to an additional charge (see the "contribution to costs" document).

FULL BOARD ☐

LUNCH HALF BOARD ☐

DINER HALF BOARD ☐

B&B ☐

SILENT MEAL : YES ☐ NO ☐

Do not forget to bring your table clothes and bathroom towels

Bedsheets are provided

During your stay, will you take part in a retreat or a spiritual stopover ? If so, which one ?

I will send you bank transfer of 60€ per room to confirm my booking and will inform you of any cancellation at least 15 days before the planned date of arrival. (No need of deposit outside Europe)

DATE:

SIGNATURE :

This information is required by the Centre Assomption to process your request. It is recorded in our contact file and you may exercise your right of access and rectification by contacting our Reservations department. If you do not wish to receive offers from our partners by e-mail, please tick the box opposite. ☐