

**Registration form**  
**Medical Service Medjugorje 2025**

Malteser Hilfsdienst e.V.

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We hereby **bindingly** register the following team for the medical service deployment in Medjugorje 2025:  
**(Please write readable in block letters!)**

**Period of service:** \_\_\_\_\_ 2025 **Alternative:** \_\_\_\_\_ 2025  
Arriving in / Departure from Medjugorje: Saturday 12.00 DD.MM.YYYY DD.MM.Y

**1. Surname / first name** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Adress: \_\_\_\_\_

Phone number (Mobile): \_\_\_\_\_

eMail: \_\_\_\_\_

Medical qualification: \_\_\_\_\_ (pls attach certificate)

Language skills: \_\_\_\_\_ Driving license / class: \_\_\_\_\_

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**2. Surname / first name** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Adress: \_\_\_\_\_

Phone number (Mobile): \_\_\_\_\_

eMail: \_\_\_\_\_

Medical qualification: \_\_\_\_\_ (pls attach certificate)

Language skills: \_\_\_\_\_ Driving license / class: \_\_\_\_\_

**Signature to 1.:** \_\_\_\_\_ **Signature to 2.:** \_\_\_\_\_

We hereby confirm the human, professional and physical suitability for this commitment: