



Fondazione Rosa Mistica Fontanelle

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GROUP

GROUP LEADER

Name of the group _____

Name of the group leader _____

Address _____

Phone _____

E-mail _____

LEADING
PRIEST

Name and Surname _____

Address _____

Phone _____

E-mail _____

RELIGIOUS

DIOCESAN

Date ____/____/____

Hour _____

Celebration of the H. Mass

YES

NO

Name of the priest who celebrates _____

RESERVATION
FOR THE DAY

**PLEASE NOTE THAT THE PRIEST CELEBRANT MUST
PRESENT HIS ECCLESIASTICAL IDENTITY CARD**

**Pursuant to art. 13 and 14 of Legislative Decree (UE) 2016/679,
I HEREWITH CONFIRM
the provided personal data on this form.**

DATE ____/____/____

LEGIBLE SIGNATURE _____