



DIOCESAN SANCTUARY of "ROSA MYSTICA MOTHER OF THE CHURCH"  
DIOCESE OF BRESCIA



Name of the Group \_\_\_\_\_

Name of the Group Leader \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_

E-mail \_\_\_\_\_

#### REFERENCE OF PRIEST

Name and Family name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### RESERVATION / VISIT FOR THE DAY

Date \_\_\_/\_\_\_/\_\_\_ Hour \_\_\_\_\_

Celebration of the H. Mass YES NO

Name of the celebrating Priest \_\_\_\_\_

**PLEASE REMEMBER THAT THE PRIEST CELEBRANT MUST PRESENT  
THE ECCLESIASTICAL IDENTITY CARD**

**Pursuant to and for the purposes of the legislative systems, including articles 13 and  
14 of Regulation (EU) 2016/679, by signing this form,**

**I AUTHORIZE**

**The processing of the provided personal data**

**DATE \_\_\_/\_\_\_/\_\_\_**

**READABLE SIGNATURE \_\_\_\_\_**