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| Nombre del Grupo / Individual: | | | | | |
| Nombre de grupo / Individual: |  | | | | |
| País: |  | | | | |
| Referencia de reservación: |  | | | | |
| Responsable del grupo: |  | | | | |
| E-mail: |  | | | | |
| Número de participantes: |  | Adultos |  | Niñas |  |

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| Nombre | Edad | Fecha nacim. | Dirección | Tel. | Correo electrónico | Dieta | Género | |
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Por favor enliste a las personas que no deban estar en la misma habitación:

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre | Nombre | Nombre | Nombre |
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