



Guest House Deetken Mill



Registration form for individual guests of OM Deutschland in Mosbach

Last Name: _____

First Name: _____

Date of Birth: _____

Street Address: _____

City Name and Code: _____

Country: _____

First Name spouse: _____

Date of Birth: _____

Name 1st Child: _____

Date of Birth, gender: _____

Name 2^d Child: _____

Date of Birth, gender: _____

Name 3^d Child: _____

Date of Birth, gender: _____

Name 4th Child: _____

Date of Birth, gender: _____

Your room is ready for occupancy at 3 pm. Checkout is until 10:00 am.

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

Desired booking

Full board

Only bed and breakfast

Lunch dates _____

Dinner dates _____