Your name:	Sponsor number:
Your address:	Phone number:
Your mail address:	
Name of sponsored child:	Country:
realite of Sporisorea clina.	Country.
Preferred day of visit:	Alternative day:
Name and address of hotel:	Phone number hotel:
Emergency contact (name and phone number):	
Name of additional visitors (including age and relation	
to you):	
Languages you speak:	
<i>y</i> .	
Address of a service	
Additional questions:	