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FORMULARIO DE INSCRIPCION

EVENTO DE LOS NIÑOS 2017

NOMBRE ASOCIADO:

EMPRESA:

**BENEFICIARIOS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NOMBRE** | **EDAD** | **ASISTE A EL****PARQUE** | **TRANSPORTE** |
|  |  | **SI** | **NO** | **SI** | **NO** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**INVITADOS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOMBRE** | **EDAD** | **ASISTE A EL****PARQUE** | **TRANSPORTE** | **REGALO** |
|  |  | **SI** | **NO** | **SI** | **NO** | **SI** | **NO** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**INVITADOS ADULTOS**

**ADADUL**

|  |  |
| --- | --- |
| **NOMBRE** | **TRANSPORTE**  |
|  | **SI** | **NO** |
|  |  |  |
|  |  |  |
|  |  |  |

INSCRIPCIONES HASTA 09 DE AGOSTO DEL 2017

Firma Asociado