............................................................

*/ pieczątka schroniska /*

**KARTA REJESTRACYJNA**

**SCHRONISKA MŁODZIEŻOWEGO w ………………………**

**ODDZIALE PTSM w ……………**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nazwa schroniska** | | | | | | |  | | | | | | | | | | | | | | | | | **Miejscowość** | | | | |  | | | |
| **Adres schroniska** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kod**  **pocztowy** | | |  | | |  | | **-** | |  | |  | | |  | | | **Miejscowość** | | | | | | |  | | | | | | | |
| **Ulica** |  | | | | | | | | | | | | | **Nr** | |  | | | | | **Telefon** | | | | |  | | | | **Fax** | |  |
| **Województwo** | | | |  | | | | | | | | | | | | | **Powiat** | | | | | |  | | | | | **Gmina** | |  | | |
| **e-mail:** | |  | | | | | | | | | | | | | | | | | | **http://www** | | | | | | |  | | | | | |
| **Kat. SSM**  **(jeżeli posiada)** | | | | |  | | | | | | **Liczba miejsc**  **noclegowych** | | | | | | | |  | | | | | | | | **Okres otwarcia**  **schroniska** | | | |  | |
| **Rok**  **założenia** | |  | | | | | | | **Organ**  **prowadzący schronisko** | | | | | | | | | | | | |  | | | | | | | | | | |
| **Organ prowadzący, adres.** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Imię i nazwisko**  **dyrektora / kierownika SM** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| *Miejscowość, data;* | | | | | | |  | | | | | | | | | | | | | | *Pieczątka i podpis*  *kierownika SM;* | | | | | | |  | | | | |
| ***Schronisko Młodzieżowe w*** ......................................................... ***zarejestrowano***  ***w Oddziale PTSM w ………………, dnia ...................................... pod nr .................... / .................***  *.................................................................................... ......................................................................*  */pieczątka Zarządu Oddziału PTSM/ / pieczątka i podpis Prezesa /* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |