To register, please enter your arrival and departure dates and all personal data before you visit the campsite. Under the current regulations of the State of Bavaria on COVID-19, we are obliged to document your visit:



Day of arrival:		Departure:	
Main applicant: first name & la	st name		
Main applicant: street			
Main applicant: ZIP code and c	ity		Main applicant: country
Main applicant: mobile phone	number		
Fellow traveler 1: First name ar	d last name		
Fellow traveler 2: First name ar	nd last name		
Fellow traveler 3: First name ar	nd last name		
Fellow traveler 4: First name ar	nd last name		
Fellow traveler 5: First name ar	nd last name		
Do you or one of your compan	ions have respiratory problems or non-specific ger	neral symptoms (fever, headache or body	ache)?
Yes	No		
	anions had contact with a confirmed person with	COVID-19 within the last 14 days?	
Yes No In the case that one of the last two questions can be answered with "yes", access to the campsite is not possible. We hope for your understanding.  I hereby declare that I have taken note of the hygiene regulations applicable at the campsite based on COVID-19.			
Place and date		Signature	