**Anfrage bitte** HPV Rorschach, Geschäftsstelle

**einreichen an:** Splügenstrasse 8, 9400 Rorschach

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| --- | --- | --- | --- | --- | --- |
| Veranstalter |  | | Kontaktperson |  | |
| Strasse |  | | PLZ / Ort |  | |
| Telefon |  | Fax |  |  | |
| Veranstaltungsdatum |  | von |  | bis |  |
| Art der Veranstaltung |  | | | | |
| Anzahl Personen |  | Rechnung an |  | | |

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| **Räume Wohngemeinschaften im Dörfli** | | | | | |
|  | Cafeteria |  | Saal |  |  |

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| **Räume VAZ und PZS** *--> für diese Räume obliegt die gesamte Organisation der jeweiligen Kontaktperson!* | | | | | |
|  | Schulungsraum Grüezi |  | Schulungsraum Bonjour |  | Schulungsraum Benvenuto |
|  | Kantine PZS |  |  |  |  |

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| **Raumgestaltung** | | | | | |
|  | Konzertbestuhlung |  | Bankettbestuhlung |  |  |

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| **Hilfsmittel** | | | | | |
|  | Beamer |  | Flip-Chart |  | Visualizer |

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| **Getränke und Verpflegung** | | | | | | | | | |
|  | Kaffee |  | Tee |  | Mineral |  | Jus |  | Früchte |

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| **Bemerkungen** |
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| --- | --- | --- | --- |
| Datum |  | Unterschrift |  |

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| **Bewilligung** | | | | | | | |
| ja | nein | Kosten |  | Datum |  | Visum GF |  |
| **Bemerkungen** | | | | | | | |
|  | | | | | | | |

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| **Verteiler** | | | | | | | |
|  | Bereichsleitung Wohnen |  | Hausdienst PZS / WGD |  | Küche WGD |  | Hauswartung |
|  | Buchhaltung |  | Geschäftsführer |  | Nachtwache |  | Sirius |
|  | Neptun |  |  | | | | |