

## Group Registration

Date\*

Time\*

Alternative time\*

Number of people\*

of which are children\*

Language\*

Surname, First Name\*

Group Name\*

E-mail-address\*

Telephone No.\*

Street\*

House No.\*

Postal Code\*

City\*

Country\*

Sending the form by e-mail to [burg@eltz.de](mailto:burg@eltz.de) I agree to the following statement:

**Acceptance of Terms and Conditions:** I have read the General Data Protection Declaration and consent to my personal data supplied in this form being used in accordance with the General Data Protection Regulation for the purpose of registration for and execution of Guided tours at Eltz castle. My data will be used exclusively for the above mentioned purpose and will be deleted after its fulfilment. My data will not be passed or sold to third parties.