

**SALA DE INFANTES EVENTO LASA 2024**

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Para la prestación del servicio solicitamos sean diligenciados los siguientes datos. Y si requieren realizar alguna observación o recomendación la dejen escrita.

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| **NOMBRE Y APELLIDO** |  | | | |
| **EDAD** |  | | | |
| **Pasaporte o cédula de identidad del infante** |  | | | |
| **NOMBRE DE LA MADRE** |  | | | |
| **NUMERO CELULAR** |  | | | |
| **NOMBRE DEL PADRE** |  | | | |
| **NUMERO CELULAR** |  | | | |
| **ALERGICO A:** |  | | | |
| **Fecha de servicio: (máximo 3 horas/día)** | Horas (De) | Horas (a) | ­­­ Horas (De) | Horas (a) |
| **12 junio** |  |  |  |  |
| **13 junio** |  |  |  |  |
| **14 junio** |  |  |  |  |
| **15 junio** |  |  |  |  |

Observación o recomendación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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