Dobowy monitoring

Nazwa obiektu:

Numer przyznanego certyfikatu:

Data wypełnienia

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| **dane ankietowe** | | **płeć** | | **wiek (w latach)** | | | **sposób podróżowania** | | **województwo - miejsce zamieszkania turysty rowerowego/kraj pochodzenia w przypadku zagranicznych** |
| **K** | **M** | **do 25** | **26-50** | **pow. 51** | **indywidualnie** | **grupowo** |
| **dni** | 1 |  |  |  |  |  |  |  |  |
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