

CAMINO DE SANTIAGO REGISTRATION FORM



1st - 10th June, 2022

OPEN TO ADULTS BETWEEN THE AGES OF <u>18 AND 30</u> MUST BE AT LEAST 18 YEARS BY 1st June 2022

The following must be submitted as soon as possible in order to reserve a place:

- €100 non-refundable deposit
- Completed Registration Form, see below/overleaf
- Signed Letter from Doctor indicating appropriate fitness/health to walk 120km
- Copy of Passport Details (please email or txt picture of details page to Frank McGuinness, contact details below)
- Agreement to take part in the preparatory walks.

PACKAGE DETAILS

The overall cost of the package per person Sharing Room Option	€700
The overall cost of the package per person Single Room Option	€850

The above price is inclusive of the following:

- Return Aerlingus flights from Dublin to Santiago de Compostela, June 1st 10th 2022, inclusive.
- Transfers on arrival in Santiago Airport to hotel and return transfer for departure.
- Ground Transfers between start/end walking points each day and Hotel
- 9 nights accommodation with breakfast.
- Airport Tax, Government Levy and insurance.
- Checked-in Bag 20Kg plus hand luggage
- Pilgrimage Pack including T-Shirt

Preparatory Walks:

Each pilgrim will be required to join for three preparatory walks to be scheduled during Spring 2022

As with other Diocesan Pilgrimages, parishes may be able to partially fund the cost of the trip. Please enquire accordingly.

A detailed itinerary will be issued along with travel essentials etc. in due course. In the meantime, if you have any queries please contact:

Frank McGuinness on 087 9880690 or at frank.mcguinness@elphindiocese.ie

Please make cheques/drafts payable to **ELPHIN YOUTH MINISTRY** and send to the following address: **Frank McGuinness, Director of Youth & Young Adult Ministry, St. Mary's, Temple Street, Sligo.**

IBAN & BIC details are available on request for those who wish to transfer monies directly.



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USE BLOCK CAPITALS PLEASE WHEN COMPLETING FORM

DATE OF BIRTH:		T-SHIRT SIZE		
APPLICANT	SURNAME	(S, M, L, XL, etc.) FIRST NAME	MIDDLE NAME	
NAME (as per				
passport):				
ADDRESS:				
CONTACT				
DETAILS:	HOME PHONE NO:	MOBILE NO:		
EMAIL ADDRESS:				
PARISH	PARISH NAME	PARISH PRIEST NAME	TELEPHONE	
INFORMATION:				
HEALTH				
INFORMATION:	1. Does the applicant have any medical conditions? If so please detail:			
	2. Does the applicant take medication regularly? If yes please list them and any restrictions on activities on a separate sheet. (Every applicant is responsible for his/her own medication)			
	on a separate sheet. (Every applicant is responsi	ole for mis/her own medication	1)	
IN CASE OF	IN CASE OF EMERGENCY (regardless of app	olicants age), CONTACT THE	FOLLOWING PERSON	
EMERGENCY:	WHO WILL BE AVAILABLE WHILE APPLI			
	NAME:			
	NAME:			
	ADDRESS:			
	CONTACT TEL:			
Dlagge sheets the how	HOME if you are happy to receive information regarding	MOBILE	ill be arganized by the	
Diocese of Elphin	in you are nappy to receive information regarding	g other similar events which w	in be organised by the	
•				
APPLICANT SIGNATURE				
SIGNATURE				