MEDJUGORJE

Young Adult Pilgrimage 18 – 35 Age Group

REGISTRATION FORM

**15th/16th – 22nd/23rd July 2020**

**OPEN TO ADULTS BETWEEN THE AGES OF 18 AND 35**

***MUST BE AT LEAST 18 YEARS BY 15th July 2020***

**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**
* **Copy of Passport Details (please email or txt picture of details page to Frank McGuinness)**
* **Agreement to take part in the preparatory meetings.**

# PACKAGE DETAILS

|  |  |
| --- | --- |
| The overall cost of the package per person sharing  | **€650** |

**BOOK BEFORE 30th January 2020 and get €50 discount**

**Single room rate available at €825**

**Pilgrimage Operator is Marian Pilgrimages**

**The above price is inclusive of the following:**

* **Return flights from Dublin to Dubrovnik/Split .**
* **Transfers on arrival to Medjugorje and return transfer for departure.**
* **7 nights accommodation with breakfast and evening meal**
* **Airport Tax, Government Levy and Travel insurance.**
* **Pilgrimage Tour Guide**
* **Full Spiritual Programme**
* **Checked-in Bag 20Kg plus hand luggage**

**Preparatory Meetings:**

**There will be two preparatory meetings held in May/June and pilgrims are expected to attend. Details of actual dates will be given as soon as possible**

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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REGISTRATION FORM

**USE BLOCK CAPITALS PLEASE WHEN COMPLETING FORM**

|  |  |  |
| --- | --- | --- |
| **DATE OF BIRTH:** |  |  |
| **APPLICANT NAME:** | SURNAME | FIRST NAME | MIDDLE NAME |
| **ADDRESS:** |  |
| **CONTACT DETAILS:** | HOME PHONE NO: MOBILE NO:  |
| **EMAIL****ADDRESS:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PARISH** **INFORMATION:** | PARISH NAME | PARISH PRIEST NAME | TELEPHONE |
| **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) |
| **IN CASE OF EMERGENCY:** | IN CASE OF EMERGENCY (regardless of applicants age), CONTACT THE FOLLOWING PERSON WHO WILL BE AVAILABLE WHILE APPLICANT IS AWAY ON PILGRIMAGENAME:ADDRESS:  CONTACT TEL: HOME MOBILE |
| Please check the box if you are happy to receive information regarding other similar events which will be organised by the Diocese of Elphin |
| **APPLICANT****SIGNATURE** |    |

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