

REGISTRATION FORM
PILGRIMAGE TO MEDJUGORJE
DIOCESE OF ELPHIN

10th – 17th August 2022

OPEN TO

- **All Age Groups**
- **Children & Teenagers under 18 MUST be accompanied by Parent/Guardian**

Note: Parents/Guardians who accompanying children/teenagers under 18 must take full responsibility for their safety, care and safeguarding

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

- **€100** non-refundable deposit for each person who registers including parents/guardians
- 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 is **€650**. This applies to all pilgrims (Teenagers, Young Adults and Parents/Guardians). Single Room Supplement is **€140**

Pilgrimage Operator is Marian Pilgrimages

The above price is inclusive of the following:

- Return flights from Dublin to Mostar/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 June/July and all pilgrims are expected to attend.

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.

MEDJUGORJE 2022 **REGISTRATION FORM**

DATE OF BIRTH:																							
APPLICANT NAME:	SURNAME	FIRST NAME	MIDDLE NAME																				
ADDRESS:	<hr/> <hr/> <hr/>																						
CONTACT DETAILS:	HOME PHONE NO:		MOBILE NO:																				
EMAIL ADDRESS:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																						
PARISH INFORMATION:	PARISH NAME	PARISH PRIEST NAME	TELEPHONE																				
HEALTH INFORMATION:	<p>1. Does the applicant have any medical conditions? If so please detail:</p> <hr/> <hr/> <p>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)</p> <hr/>																						
IN CASE OF EMERGENCY:	<p>IN CASE OF EMERGENCY (regardless of applicants age), CONTACT THE FOLLOWING PERSON WHO WILL BE AVAILABLE WHILE APPLICANT IS AWAY ON PILGRIMAGE</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CONTACT TEL: _____</p> <p style="text-align: center;">HOME MOBILE</p>																						
Please check the box if you are happy to receive information regarding other similar events which will be organised by the Diocese of Elphin																							
<input type="checkbox"/>																							
APPLICANT SIGNATURE	<hr/>																						

USE BLOCK CAPITALS PLEASE WHEN COMPLETING FORM