



REGISTRATION FORM
WORLD YOUTH DAY GATHERING WITH POPE FRANCIS 2023
Pilgrimage to Lisbon, Portugal
July 31st – August 8th, 2023

OPEN TO ADULTS BETWEEN THE AGES OF 18 AND 35
MUST BE AT LEAST 18 YEARS BY July 31st 2023

ONLY 15 PLACES AVAILABLE
ALLOTTED ON FIRST COME FIRST SERVE BASIS

Registration Form is overleaf and must be returned fully completed along with €100 non-refundable deposit to secure your place

PACKAGE DETAILS

The overall cost of the package per person sharing a twin room is	€850
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The above price, which has been subsidised, is inclusive of the following.

- Return flights from Dublin to Lisbon, July 31st – Aug 8th 2023 inclusive.
- Transfer on arrival in Lisbon Airport to hotel and return transfer for departure.
- 6 nights B& B accommodation in a city centre hotel in Lisbon.
- 2 Night Full-Board in Hotel in Fatima
- Also includes World Youth Day Package with **Insurance, Free Public Transport for the week and Pilgrim Backpack.**
- Full World Youth Day Itinerary with Pope Francis in Lisbon, Portugal.
- Fully guided experience of Fatima
- Full Spiritual and Cultural programme, including access to all historic, spiritual and cultural sights in Lisbon.
- Airport Tax, Government Levy and travel insurance.
- Full assistance from on-site travel agent.

Limited Single room options available at a supplement of €50 per person per night giving a total of an additional €400 to the price above.

As with other Pilgrimages, parishes may be in a position to partially fund the cost of the trip. Please enquire with your Parish Priest.

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

youth@elphindiocese.ie

Please make cheques/drafts payable to **ELPHIN YOUTH MINISTRY** and send to the following address with your completed registration form (overleaf) and a copy/picture of your current Passport Details Page. (All your personal data will be held in line with GDPR regulations)

Youth Ministry Office, St. Mary's, Temple Street, Sligo. F91 KTX2



USE BLOCK CAPITALS PLEASE WHEN COMPLETING FORM

DATE OF BIRTH:		GENDER:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
APPLICANT NAME:	SURNAME	FIRST NAME	MIDDLE NAME	
NAME ON PASSPORT:	SURNAME	FIRST NAME	MIDDLE NAME	
PASSPORT NO:		PASSPORT EXPIRY:		
ADDRESS:	<hr/> <hr/> <hr/>			
CONTACT DETAILS:	HOME PHONE NO:	MOBILE NO:	EMAIL ADDRESS :	
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>			
APPLICANT SIGNATURE	<hr/>			