



MEDJUGORJE YOUTH FESTIVAL

Young Adult Pilgrimage 18 – 35 Age Group

31st July – 7th August 2024

OPEN TO ADULTS BETWEEN THE AGES OF 18 AND 35

MUST BE AT LEAST 18 YEARS BY 31st July 2024

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

- **€100** non-refundable deposit
- Completed Registration Form, see overleaf
- Copy of Passport Photo Page (this can be emailed)
- Agreement to take part in the preparatory meeting

PACKAGE DETAILS

The overall cost of the package per person sharing	€650
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This is a subsidised cost

Pilgrimage Operator is Marian Pilgrimages

The above price is inclusive of the following:

- Return flights from Dublin to Dubrovnik
- 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 including Medjugorje Youth Festival
- Checked-in Bag 20kg plus hand luggage

Preparatory Meetings:

There will be a preparatory meeting held in May/June and pilgrims are expected to attend. Details of actual date 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:

Elphin Diocesan Office on 071 9150106 or youth@elphindiocese.ie

Please make cheques payable to **ELPHIN YOUTH MINISTRY** and send to the following address:
Youth & Young Adult Ministry, Elphin Diocesan Office, St. Mary's, Temple Street, Sligo.

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

MEDJUGORJE 2024



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 <i>(if applicable)</i>	
NAME ON PASSPORT:	SURNAME	FIRST NAME	MIDDLE NAME <i>(if applicable)</i>	
PASSPORT NO:		PASSPORT EXPIRY:		
ADDRESS:	<hr/> <hr/> <hr/>			
CONTACT DETAILS:	EMAIL ADDRESS		MOBILE NO	
PARISH INFORMATION:	PARISH NAME	PARISH PRIEST NAME	PHONE	
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 applicant's 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/>			