**Pilgrim Registration Form**

**Rome**

11 to 14 October 2019

**Please read the following information before filling in the registration form:**

There are 8 sections in this registration form.

Section 6 applies only to those who may need a visa.

Section 7 applies only to those with special requirements that the Westminster Youth Ministry team will need to know about, such as dietary needs etc.

**Deadline:**

The deadline for completing the registration form is 11 September 2019.

**On completion of the registration form:**

A non-refundable deposit of £50 is required with the registration form.

This form can be sent to: Westminster Youth Ministry, Waxwell House, 125 Waxwell Lane, London, HA5 3EP

Alternatively, it can be sent to: [youth@rcdow.org.uk](mailto:youth@rcdow.org.uk)

If you wish to send the payments electronically, please use the following bank details:

Bank account: 81672134

Sort code: 400520

Account name: WRCDT Youth Pilgrimages

Please quote reference ‘JHNCanonisation’ in bank transfer.

If you wish to pay by cheque, please make them payable to ‘WRCDT Youth Pilgrimages’ and send them to the above address.

**Required forms:**

After completing this registration form a medical form will be sent to you for completion.

**Protecting your privacy**

The details you have provided in this form will be stored securely on the diocesan computer system. Your details will be entered into our database, with the limited purpose of sending you updates on other upcoming youth events. You can read our full privacy policy at: **dowym.com/privacy-policy**

**1 Personal details**

**Please fill in all the boxes in this section.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr / Mrs / Ms / Dr / Fr / Rev / Sr / Other | | | | | |  | |
|  |  | | | | | | | | |
| Name |  | | | | | | | | |
|  |  | | | | | | | | |
| Address |  | | | | | | | | |
|  |  | | | | | | | | |
| Postcode |  | | |
|  |  | | | | | | | | |
| Email |  | | | | | | | | |
|  |  | | | | | | | | |
| Parish |  | | | | | | | | |
|  |  | | | | | | | | |
| Town |  | | | | | | | | |
|  |  | | | | | | | | |
| Home number |  | | | | | | |
|  |  | | | | | | | | |
| Mobile number |  | | | | | | |
|  |  | | | | | | | | |
| Date of birth | DAY |  | MONTH | |  | YEAR | |
|  |  | | | | | | | | |
| Passport number |  | | | | | | |
|  |  | | | | | | | | |
| Nationality |  | | | | | | | | |
|  |  | | | | | | | | |
| Country of issue |  | | | | | | | | |
|  |  | | | | | | | | |
| Date of issue | DAY |  | MONTH | |  | YEAR | |
|  |  | | | | | | | | |
| Date of expiry\* | DAY |  | MONTH | |  | YEAR | |

***\* Please note: your passport must be valid for the entire period of the pilgrimage and must have at least six months remaining upon arriving back in England.***

**2 Emergency contact**

**Please fill in all the boxes in this section.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Mr / Mrs / Ms / Dr / Fr / Rev / Sr / Other | |  | |
|  |  | | | | |
| Name |  | | | | |
|  |  | | | | |
| Address |  | | | | |
|  |  | | | | |
| Postcode |  |
|  |  | | | | |
| Email |  | | | | |
|  |  | | | | |
| Home number |  | | |
|  |  | | | | |
| Mobile number |  | | |
|  |  | | | | |
| How is this person related to you? |  | | | | |

**3 Pilgrimage outline**

This is a young adult pilgrimage – all attendees must be over the age of 18 on 1 October 2019.

The pilgrimage cost of £480 includes air travel, accommodation (two people sharing), breakfast and transfers in Italy.

Travel insurance is not included.

Departure: 11 October. 07:25 – 10:55. London Heathrow to Rome Fiumicino. AZ201G.

Return: 14 October. 21:20 – 23:05. Rome Fiumicino to London Heathrow. AZ210G.

**Payments**

**Payment 1: £50 deposit (payable to WRCDT, submitted with this form and non-refundable)**

**Payment 2: £200 by 15 September**

**Payment 3: £230 by 20 September**

Please select your payment method: Electronic transfer / Cheque

**4 Room sharing**

Are there any particular people with whom you are happy to share a room?

|  |  |  |
| --- | --- | --- |
| Yes (who?) |  | |
|  |  | |
| No |  |  |

**5 Insurance**

**Travel insurance is not included in the overall cost. You will need to arrange your own insurance, but please supply the information to us by filling in all the boxes below.**

|  |  |
| --- | --- |
| Company or Companies you are insured with |  |
|  |  |
| Policy number(s) |  |

People living within the European Union should bring their European Health Insurance Card (EHIC). More information can be found at: <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx>

**6 Visas**

**This section applies only to those who may have to apply for a Visa. If you are holding a British passport, you do not require a Visa and can skip this section.**

If you require a Visa for the pilgrimage, please complete the necessary steps.

Information about Visas can be found at: <https://www.gov.uk/browse/visas-immigration>

**7 Special requirements**

**This section applies only to those with special requirements. If you do not have any, skip this section.**

Please specify below any information or special requirements, e.g. dietary requirements, medical conditions, you may have in order for us to best assist in providing you with your pilgrimage.

|  |
| --- |
|  |

**8 Signature and date**

Please sign and date your registration form in the space provided below.

**Signature** **Date**