**Pilgrim Registration Form**

**Walsingham** 21 September 2019

**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 | |

**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 Payment**

If you wish you can pay the £20 by cash on the coach on the day.

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 ‘Youth Walsingham’ 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.

**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**