



DIOCESE OF ACHONRY AND DIOCESE OF ELPHIN
Young Adult Pilgrimage to Italy for the Jubilee Year 2025
USE BLOCK CAPITALS WHEN COMPLETING FORM – THANK YOU

| | | | |
|-----------------------------|--|----------------------------|----------------------|
| APPLICANT | First Name | Surname | Date of Birth |
| | | | |
| PASSPORT INFORMATION | First Name on <u>Passport</u> | Surname on <u>Passport</u> | |
| | | | |
| | Passport Number | Passport Issue Date | Passport Expiry Date |
| | | | |
| ADDRESS | | | |
| CONTACT DETAILS | Email | | Mobile |
| | | | |
| ACCOMMODATION | Name of person you wish to share with: <i>(every effort will be made to accommodate this request)</i> | | |
| T-SHIRT SIZE | | | |
| PARISH INFORMATION | Parish Name | Parish Priest Name | |
| | | | |
| HEALTH INFORMATION | Do you have any medical conditions we need to know about? If so, please give details below. | | |
| | Do you take medications regularly? If so, please list these – and any restrictions on activities – on a separate sheet. <i>NB: Every applicant is responsible for their own medications.</i> | | |
| IN CASE OF EMERGENCY | Please provide contact information for a person who can be contacted in case of emergency while you are away on pilgrimage: | | |
| | Name: | | |
| | Address: | | |
| | Mobile: | | Landline: |
| | Email: | | |
| APPLICANT SIGNATURE | I enclose a non-refundable deposit of €100 and understand Travel Insurance is my responsibility. | | |
| | Signed: _____ Date: _____ | | |

All personal data will be held in line with GDPR regulations.