

About the Traveler

Complete Name (exactly as it appears in your passport):

Date of Birth: / /

Name:

Passport Information:

Passport Number:

Expiration Date: / /

Country of Issue:

Contact Information:

Address:

City/State:

Zip:

Home Phone: ()

Cell Phone: ()

Email:

What parish/group do you belong to?

How did you hear about us?

Health Insurance:

Subscriber's Name:

Emergency Contact: (person not traveling with you)

Name:

Relationship:

Contact Phone: ()

I am interested in traveling

Jun. 23rd to Jul. 3rd or

Sep. 1st to Sep. 11th

As:

(select only one)

Pilgrim

Special Needs Pilgrim

HDM Youth & Young Adult

HDM Logistics

HDM Medical

Languages you speak fluently:

English:

Spanish:

French:

Other:

Travel Package:

Air & Land package

Land package

If serving the Sanctuary:

How many years have you served?

If this is not your first year, what Service would you like?

Service St. John the Baptist

Service Notre-Dame

Service St. Joseph

Have you completed VIRTUS training?

YES Date: / /

NO

Have you completed your background check?

YES Date: / /

NO

Additional comments: