4th Annual Archdiocese of Miami Pilgrimage to Lourdes

Today's Date: / /

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:

I am interested in traveling ☐ Jun. 25th to Jul. 6th or ☐ Sep. 17th to Sep. 28th

Applying for: (select only one)

Pilgrimage
- ☐ Special Needs Pilgrim
- ☐ Pilgrim

Volunteer
- ☐ Stagiaire (18 to 65 years old)
- ☐ HDM Youth & Young Adult
- ☐ HDM Adult
- ☐ HDM Medical

Languages you speak fluently: ☐ English: ☐ Spanish: ☐ French: ☐ Other:

Travel Package: ☐ Full package ☐ Land package

Emergency Contact: (person not traveling with you)

Name:

Relationship: Contact Phone: ( )

If serving the Sanctuary:

If serving at the Sanctuary, what year of Stagiaire will you be doing?

If serving at the Sanctuary, what Service would you like to sign up for?

For Women: ☐ Service St. John the Baptist (Baths) ☐ Service Notre-Dame (Reception & Assisting the Sick)

For Men: ☐ Service St. Joseph (only one choice)

Have you completed VIRTUS training? ☐ YES Date: / / ☐ NO

Have you completed background checking? ☐ YES Date: / / ☐ NO

Are you in the medical field: ☐ YES ☐ NO