7th 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:

Travel partner(s), if any:

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. 21st to Jul. 1st or ☐ Sep. 20th to Sep. 30th

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 **Travel Companion?**

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: