

REGISTRATION FORM

I wish to confirm _____ place/s on the Church of Our Lady 4-day pilgrimage to Rome, departing Monday 26 October 2009. I understand information recorded on this Registration Form will be used by Father Allen Morris as group leader, to compile and submit documentation which will be used by the airlines/coach operator, hotels and ground service staff as applicable for the confirmation of services required. I enclose my/our deposit(s) for £.....(**£100 P/P**)

PLEASE COMPLETE IN CAPITAL LETTERS

(Any errors in the information supplied may incur charges being imposed by a third party at a later date)

Title	First Name*	Last Name	Age	Fit to travel**	Twin /Single/Triple Room?
.....
.....
.....

Address for communications.....
.....

Tel..... Email.....

Please note any disabilities or wheelchair requirements that you may have
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Signature..... Date.....

*Please note First Names MUST BE AS PER PASSPORT and Middle Names are NOT required.

**If having an existing medical condition or receiving medical treatment passengers must have doctor's permission in writing before travel