****

**In the Footsteps of Saint Mary MacKillop**

**Australian Pilgrimage**

**8th November – 18th November, 2017**

**APPLICATION FORM**

**CONTACT DETAILS** *(Please print clearly)*

Title *(please circle):* Sr Br Fr Ms Mr Mrs Other­­­­\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name as it is on passport or other photo identification e.g. Drivers Licence, Pension Card or State Identification Card)*

Christian name as you would like it on name tag: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth ­­\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_ Relationship: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH DETAILS** *(please circle your choice)*

Do you have a health history of which we need to be aware? Yes / No

If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If necessary please use an extra page.)*

**DIETARY REQUIREMENTS** *(please circle your choice)*

Do you have any dietary requirements? Yes / No

If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If necessary please use an extra page.)*

*Please complete over page also.*

**ACCOMMODATION REQUIREMENTS** *(please circle your choice)*

Single room or twin share \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require a walk-in shower *(i.e. not over a bath)*? Yes / No

Can you manage walking upstairs to accommodation? Yes / No

*(In Portland some accommodation will be on an upper level)*

**Please Note:**

During the pilgrimage some physical activity will be required: walking, standing, entering and leaving the coach.

Do you experience any difficulties in this area? Yes / No

*If so, please think carefully about whether you are fit enough for this pilgrimage.*

*Those using a walking frame would find participation in this pilgrimage very difficult.*

**PLEASE FORWARD THE FOLLOWING TO: Cardigan Touring Services,**

 **Mary MacKillop Pilgrimage,**

 **PO Box 4010,**

 **ALFREDTON**

 **VICTORIA 3350**

 **Phone:** 0407 966 651

 **Email:** jim@go2000.com.au

**\* Application Form**

**\* Deposit**

**\* Photo ID which includes your name**

*e.g.**Photocopy of Driver’s Licence; or Passport; or State Identification Card*

**PLEASE FORWARD A COPY OF THIS APPLICATION FORM TO:**

**Australian Pilgrimage Coordinator,**

**Mary MacKillop Place,**

**PO Box 1081,**

**NORTH SYDNEY**

**NSW 2059**