



OSSORY LOURDES PILGRIMAGE YOUTH SECTION
Diocese of Ossory

Ossory Diocesan Youth Pilgrimage to Lourdes - Application Form

All information provided on the application form will be treated with the strictest confidence.

Participant Name:

Address:

| PPS Number:

Date of Birth:

| Mobile:

Telephone (home):

| email:

Passport no:

| Passport Expiry Date:

European Health Insurance Card No

| European Health Insurance

(www.ehic.ie)

| Card expiry date:

Parish Name :

| School/College Name:

GP Name & Address:

| GP Phone number:

Medical / Dietary Information

Please give details of any medical conditions or otherwise of which the organisers ought to be aware. Include details of any illnesses, current medications, dietary requirements, emotional issues etc.

Include details of any allergies you may have :

Parent/Guardian Contact Information

Mother: (Guardian 1)	Father: (Guardian 2)
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Num:	Work Num:

Name those with whom you would like to share a room with in Lourdes

1. _____ 2. _____

We will make every effort to ensure that you share a room with the person(s) of your choice however this may not always be possible.

IMPORTANT: I have read and agree to accept the Booking Conditions printed on this Booking Form and I further agree that if any dispute or claim shall at any time hereafter arise between the parties hereto or their respective representative in respect of the construction of this Agreement or concerning anything contained in or arising out of the agreement or as to the rights, liabilities or duties of the parties hereto under the agreement the same shall be referred to Arbitration or a person of the Incorporated Law Society of Ireland in accordance with and subject to the provisions of the Arbitration Act, 1954 or any amendment thereto. It is further agreed that such arbitration shall be a condition precedent to the commencement of any law action. This Booking Form is signed by me on behalf of all those named hereon and I do so with their consent and agreement.

SIGNED: _____ DATE: _____

N.B. This form must be returned no later than Friday 29th November 2013