



DIOCESE OF ACHONRY AND DIOCESE OF ELPHIN
Young Adult Pilgrimage to Italy for the Jubilee Year 2025
USE BLOCK CAPITALS WHEN COMPLETING FORM – THANK YOU

APPLICANT	First Name	Surname	Date of Birth
PASSPORT INFORMATION	First Name on <u>Passport</u>	Surname on <u>Passport</u>	
	Passport Number	Passport Issue Date	Passport Expiry Date
ADDRESS			
CONTACT DETAILS	Email		Mobile
ACCOMMODATION	Name of person you wish to share with: <i>(every effort will be made to accommodate this request)</i>		
T-SHIRT SIZE			
PARISH INFORMATION	Parish Name	Parish Priest Name	
HEALTH INFORMATION	Do you have any medical conditions we need to know about? If so, please give details below.		
	Do you take medications regularly? If so, please list these – and any restrictions on activities – on a separate sheet. <i>NB: Every applicant is responsible for their own medications.</i>		
IN CASE OF EMERGENCY	Please provide contact information for a person who can be contacted in case of emergency while you are away on pilgrimage:		
	Name:		
	Address:		
	Mobile:		Landline:
	Email:		
APPLICANT SIGNATURE	I enclose a non-refundable deposit of €100 and understand Travel Insurance is my responsibility.		
	Signed: _____ Date: _____		

All personal data will be held in line with GDPR regulations.