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**In the Footsteps of**

**Saint Mary MacKillop**

**Australian Pilgrimage**

**18th October – 29th October 2022**

**APPLICATION FORM**

Pilgrims must be double vaccinated or have proof of medical exemption.

Please attach a copy of Proof of Vaccination or Medical Exemption to this 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, State ID Card)*

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

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

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

Home tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth ­­\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMERGENCY CONTACT DETAILS**

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

Home tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPOSIT DETAILS**

$400 of which $250 is non-refundable and to be paid on submitting this application form.

Please make **cheques** payable to & post to: **Cardigan Touring Services,**

PO Box 4010, ALFREDTON VIC 3350

**Direct Bank Transfer**: Bank NAB, Cardigan Touring Services No 3 Account

BSB 083-532 Acct # 83 101 4454

**Credit Card Payment**: Visa \_\_\_\_­­­\_\_\_\_ Mastercard \_\_\_\_\_\_\_

Full name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/

Expiry Date \_\_\_\_\_/\_\_\_\_\_\_/ CVV \_\_\_\_\_\_\_\_ (last 3 digits on back of the card)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Final Payment to be made by 22nd August 2019.***

**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)*

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

Do you have any dietary requirements? ……………………………………………………………. Yes / No

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

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**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please Note:** *During the pilgrimage some physical activity will be required: walking, standing, entering and leaving the coach. If you experience any difficulties in these areas, 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 APPLICATION FORM AND PHOTO ID (which includes your name)**

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

TO: **Cardigan Touring Services,**

**Mary MacKillop Pilgrimage,**

**PO Box 4010, ALFREDTON VICTORIA 3350**

**Telephone: 0407 966 651. Email:** jim@go2000.com.au

**MEDICATION INFORMATION IN CASE OF EMERGENCY**

**CURRENT DOCTOR’S CONTACT DETAILS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **MEDICATION** | **MEDICAL CONDITION** | **DOSAGE, TIMES DAILY** |
| **E.G.** Atacand | Blood Pressure | 50mg 3 times daily |
|  |  |  |
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|  |  |  |
|  |  |  |

*(This information will be destroyed at the completion of the Pilgrimage)*

Please also include any over the counter medication and/or Vitamin supplements.

Please continue over the page if necessary.

***PLEASE FORWARD A COPY OF THIS APPLICATION FORM, PHOTO ID AND MEDICAL INFORMATION TO:***

**Australian Pilgrimage Co-Ordinator,**

**Mary MacKillop Place,**

**PO Box 1081,**

**NORTH SYDNEY NSW 2059**

**Email:** **national.pilgrimage@mmp.org.au**