

Our Lady of Lourdes Hospitality North American Volunteers, LTD.
SPECIAL NEEDS PILGRIMAGE REGISTRATION 2019

Please print information clearly, sign and mail to: Lourdes Volunteers, 107 Michaels Ave, Syracuse, New York 13208

I am interested in applying as: Pilgrim Special Needs Pilgrim

Birth Date: (MM/DD/YEAR)	Age:	Height in feet-inches:	Weight in pounds:
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Complete Name (*exactly as it appears or will appear on passport*):

Title: (Mr., Mrs, Dr., etc.)	Preferred Nickname:	Home Telephone: ()	Cell/Other Telephone: ()
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Email address:

Diocese:	Parish:	Pastor/Priest:
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Please choose which pilgrimage dates and departure you request:

<p>June 16-23, 2019</p> <p>_____ New York JFK Departure \$2,899*</p> <p>_____ Houston IAH Departure \$3,099*</p> <p>*Pricing does not include mandatory travel-medical insurance; see accompanying Travel Guard premium</p>	<p>October 13-19, 2019</p> <p>_____ New York JFK Departure \$2,899*</p> <p>_____ Chicago ORD Departure \$3,099*</p> <p>*Pricing does not include mandatory travel-medical insurance; see accompanying Travel Guard premium</p>
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Requested Roommate: (*Single supplement is NOT available during this pilgrimage.*)

Name: _____ Relationship: _____

If your travel companion is unable to provide ALL of your care needs, with which needs will you need assistance?

Are you comfortable and able to ascend four steps onto a bus with assistance of a volunteer? Are you able to sit independently on a bus? Can you descend four steps off the bus?
 _____ Yes _____ No Please explain how you can be assisted:

Please check any of the following which you will require during travel or during your stay in Lourdes:

___ wheelchair	___ Oxygen	___ assistance with walking	___ assistance with medications
___ walker/Cane	___ syringes	___ assistance with meals	___ assistance with personal care

Please submit this form and the following documents as soon as possible: ✓ documents included

_____ passport copy	_____ two (2) passport size-quality photos
_____ Connecting Travel Form or flight itinerary	_____ payment (Payable to Lourdes Volunteers)

Help our Lourdes Family get to know you! A fun fact about me is:

I will be responsible for myself and the person for whom I may provide care.
 I understand that I will be traveling at my own risk and expense.
 I understand that this is international travel and requires long flights.
 I understand that there is a great deal of walking/wheeling/standing while at the Sanctuary.
 I agree to conduct myself and dress in a manner appropriate to a holy place.
 I understand that it is my responsibility to provide all of my pertinent medical information.
 I understand that this pilgrimage may be cancelled if the minimum number of participants does not register.
 I give permission to North American Volunteers to use any photographs or video taken of me at Lourdes
 I give permission to share my contact information after pilgrimage with our pilgrimage family including phone, address and email (**not to be shared with anyone outside of pilgrimage**)

Signature _____ Date _____