

Pilgrimage Registration Form

Please print all information to help us minimize mistakes.

Name: _____ Date: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone # Home: _____ Parish: _____

E-Mail: _____

Dates of trip: Friday, April 9– Sunday, April 11, 2010

Pilgrimage to: EWTN, the Divine Mercy Sunday celebration at the Shrine of the Most Blessed Sacrament in Hanceville, AL

Visit the **Most Rev. Robert J. Baker & Fr. Frank A. Pavone**, the National Director of the Priest for Life at EWTN

Spiritual director:

Fr. Louis Marie Leonelli, C.F.R. Franciscan Friars of the Renewal

Price of trip: \$260 (double occupancy), \$310 (single occupancy)

Includes: transportation, lodging at St. Bernard Abbey Retreat Center, meals and Ave Maria Grotto

- Please indicate your meal choice.

Choice of sandwich for lunch at Shrine and EWTN

Ham and Cheese Sandwich	
Chicken Salad	

Please make your check payable to St. Mary Magdalene Church and mail to:

Pilgrimage
St. Mary Magdalene Catholic Church
2252 Woodruff Road, Simpsonville, SC 29681

Special diet: _____

Roommate preference: _____

For more information about the trip, please call: Heesun Devlin at (864)292-6195

Parish/Diocese of Charleston
Adult Release Form

Participant Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Eve Phone: _____
Parish & City: _____
Emergency Contact Name: _____ Phone: _____

Physician & Health Insurance Information:

Family Physician: _____ Phone: _____
Family Health Insurance Co. _____
Policy No. (Individual) _____ (Group) _____

Please list any medication that you may have an allergy to and / or any health problems a physician would need to know in treating you: _____

Medical Authorization & Release of Information

In the event of injury or illness, I hereby give my permission to Heesun Devlin, Pilgrimage Coordinator for the Parish / Diocese of Charleston, to authorize transportation for me to a medical facility for any necessary medical treatment. I agree that in case of injury I will apply my hospitalization and / or accident insurance toward the payment of the expenses incurred.

I give my permission to medical personnel to share information with Heesun Devlin, Pilgrimage Coordinator in the event of injury or illness.

Signature Required: _____

Additionally, the above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH and the Diocese of Charleston for any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH and The Diocese of Charleston by the above named ACTIVITY PARTICIPANT OR FACILITY USER or their family members whether such claim arises from the alleged negligence of the PARISH, its employees or agents or ACTIVITY PARTICIPANT or FACILITY USER'S negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNATURE OF ACTIVITY PARTICIPANT:

NAME:
(Please print)

DATE:
