

# Booking form for the International Pilgrimage of the "Pilgrims of St. Francis" 2022

Surname  First name  Gender  *m*  *f* Age

Address (including postcode)  Country  Nationality

Telephone (with int. prefix)  Mobile (with int. prefix)  E-mail

Personal remarks (special needs health, diet, vegetarian, allergies, ...)

Religion (optional)  Occupation (optional)

Languages spoken

|         |  |                                      |  |                      |  |                                      |  |
|---------|--|--------------------------------------|--|----------------------|--|--------------------------------------|--|
| English | <input type="checkbox"/> <i>a little</i> | <input type="checkbox"/> <i>good</i> | <input type="checkbox"/> <i>fluently</i> | French               | <input type="checkbox"/> <i>a little</i> | <input type="checkbox"/> <i>good</i> | <input type="checkbox"/> <i>fluently</i> |
| German  | <input type="checkbox"/> <i>a little</i> | <input type="checkbox"/> <i>good</i> | <input type="checkbox"/> <i>fluently</i> | Dutch                | <input type="checkbox"/> <i>a little</i> | <input type="checkbox"/> <i>good</i> | <input type="checkbox"/> <i>fluently</i> |
| Spanish | <input type="checkbox"/> <i>a little</i> | <input type="checkbox"/> <i>good</i> | <input type="checkbox"/> <i>fluently</i> | Swedish              | <input type="checkbox"/> <i>a little</i> | <input type="checkbox"/> <i>good</i> | <input type="checkbox"/> <i>fluently</i> |
| Italian | <input type="checkbox"/> <i>a little</i> | <input type="checkbox"/> <i>good</i> | <input type="checkbox"/> <i>fluently</i> | <input type="text"/> | <input type="checkbox"/> <i>a little</i> | <input type="checkbox"/> <i>good</i> | <input type="checkbox"/> <i>fluently</i> |

I will bring a musical instrument with me

Contact in case of emergency (name, telephone number with the international prefix)

I do not want pictures of me published in publications, web page, etc.

I have participated in pilgrim events  
nationally:  *none*  *some*  *many (>5)* internationally:  *none*  *some*  *many (>5)*

I would like to be in the following group

|  |   |
|--|---|
| <input type="checkbox"/> <i>Walking group (carrying all baggage)</i> | <input type="checkbox"/> <i>Walking group (carrying most baggage)</i> |
| <input type="checkbox"/> <i>Adventure group</i>                      | <input type="checkbox"/> <i>Star group</i>                            |
| <input type="checkbox"/> <i>Centre group</i>                         | <input type="checkbox"/> <i>Family group</i>                          |

In the group I will be willing to take the role of (do not fill in if you are coming for the first time)

|  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> <i>Guardian</i> | <input type="checkbox"/> <i>Spiritual Animator</i> | <input type="checkbox"/> <i>Housekeeper</i> | <input type="checkbox"/> <i>Discussion leader</i> | <input type="checkbox"/> <i>Troubadour</i> |
|--|--|---|---|--|

In the group I will be willing to take the role as assistant of

|  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> <i>Guardian</i> | <input type="checkbox"/> <i>Spiritual Animator</i> | <input type="checkbox"/> <i>Housekeeper</i> | <input type="checkbox"/> <i>Discussion leader</i> | <input type="checkbox"/> <i>Troubadour</i> |
|--|--|---|---|--|

If needed, I agree to my car being used by the group. It is  *small*  *average*  *large*

Permitted drivers:  *anyone with their driving licence*  *minimum age*  *years*  *only certain drivers*

I shall require car parking during the pilgrimage.  I will bring my driving licence.

I pay the reduced cost. I enclose my deposit of £

I will arrive on the day before the pilgrimage starts and am happy to sleep on the floor.

With my signature I confirm that I have read the explanations on the previous pages and accept them.

Place  Date  Signature \_\_\_\_\_

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Extra details needed for those aged under 18 who are not in the group of their parent(s).

## Authorisation of the parents

I wish my child

Surname of child

First name of child

be in a group with

Surname of responsible

First name of responsible

who has agreed to be responsible on my behalf.

I the undersigned

Surname

First name

authorise the person named above or the group's guardian to organise emergency medical treatment for my child, if this is absolutely necessary, during the international pilgrimage of the "Pilgrims of St Francis". Before making any decision, you should try to contact me or my family doctor if possible.

Parent's telephone (with international prefix)

Parent's mobile (with international prefix)

Family doctor

Telephone family doctor (with international prefix)

Place

Date

Signature

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## Willingness of the responsible

I the undersigned

Surname

First name

agree to be responsible for

Surname of child

First name of child

during the international pilgrimage of the "Pilgrims of St Francis".

Place

Date

Signature

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