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

Surname		F	First name		Gender	f	Age			
Address (including	g postcode)					Countr	y	Nationality		
Telephone (with int. prefix) Mobile			(with int. prefix	x)	E-mail					
Personal remarks (special needs health, diet, vegetarian, allergies,)										
Religion (optional)	Occupat	Occupation (optional)								
Languages spoke	en									
English	 ☐ a little	☐ good	☐ fluently	French		a little	☐ good	fluently		
German	a little	☐ good	☐ fluently	Dutch		a little	☐ good	☐ fluently		
Spanish	a little	☐ good	fluently	Swedish	1	a little	☐ good	fluently		
Italian	a little	☐ good	fluently			a little	☐ good	☐ fluently		
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 Walking group (carrying all baggage) Walking group (carrying most baggage)										
Adventure gro	up	Star grou	ıp	☐ Centi	re group		☐ Family g	roup		
In the group I will be willing to take the role of (do not fill in if you are coming for the first time) Guardian Spiritual Animator Housekeeper Discussion leader Troubadour										
In the group I will be willing to take the role as assistant of										
Guardian	☐ Spi	ritual Animat	for Hou	ısekeeper	☐ Dis	scussion le	eader 🔲 1	roubadour		
☐ 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/send by BACS my deposit of £										
I will arrive on the day before the pilgrimage starts and am happy to sleep on the floor.										
Place	Ι	Date								

Please also complete the "Data protection and publication rights" form.

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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 c	hild	
be in a group with				
Surname of responsible		First name ofre	sponsible	
who has agreed to be resp	onsible on ı	ny behalf.		
I the undersigned				
Surname		First name		
	necessary, c	luring the intern	ational pilgrimage of	emergency medical treatment for my f the "Pilgrims of St Francis". Before ossible.
Parent's telephone (with int	ernational pr	refix)	Parent's mobile (v	vith international prefix)
Family doctor			Telephone family	doctor (with international prefix)
Place	Date		Signature	
Willingness of the re	sponsibl	e		
I the undersigned		First many		
Surname		First name		
agree to be responsible for	•			
Surame of child		First name of c	hild	
during the international pil	grimage of	the "Pilgrims of	St Francis".	
Place Date			Signature	