



INTERNATIONAL EUCHARISTIC CONGRESS

The Eucharist, gift of God for the life of the world.
PETERBOROUGH DIOCESE PILGRIMAGE



49TH INTERNATIONAL
EUCHARISTIC CONGRESS
QUEBEC CITY, CANADA
June 15 to 22, 2008

REGISTRATION FORM

A **TRIP A** COACH TRAVEL, and, HOTEL STAY - DOUBLE OCCUPANCY
 TRIP B COACH TRAVEL, and, HOTEL STAY - QUADRUPLE OCCUPANCY
 TRIP C VEYO BUS TRAVEL, and FAMILY STAY

B First/Last Name: _____
 Address: _____
 City/Prov./ Postal Code: _____
 Phone: _____ Email: _____
 Date of Birth: _____ OHIP #: _____
 Allergies: _____ List of medications: _____

EMERGENCY CONTACT INFORMATION
 First/Last Name: _____
 Address: _____
 City/Prov./ Postal Code: _____
 Phone: _____ Relationship to Participant: _____

C PILGRIMAGE INFORMATION

TRIP A: June 13 - June 23 - Coach travel, hotel stay - double occupancy
 Total Cost: \$1235 Cheques made payable to: RCEC IEC 2008
 Is there a person you plan on rooming with? Y / N Name: _____

TRIP B: June 13 - June 23 - Coach travel, hotel stay - quadruple occupancy
 Total Cost: \$895 Cheques made payable to: RCEC IEC 2008
 Are there people you plan on rooming with? Y / N Person 1: _____
 Person 2: _____ Person 3: _____

TRIP C: June 13 - June 23 - VEYO bus travel, family stay
 Total Cost: \$300 Cheques made payable to: RCEC IEC 2008
 Is there a person you plan on rooming with? Y / N Name: _____

D STATEMENT OF CONSENT

IN CASE OF A MEDICAL EMERGENCY, I understand that when feasible, every effort will be made to reach the parent/guardian or emergency contact listed on this form, but in the event one cannot be reached, I hereby give permission to secure medical treatment as deemed necessary. I understand that all reasonable safety precautions will be taken at all times by the Diocese of Peterborough and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Diocese of Peterborough, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

Signature of Participant _____ Date _____

Signature of parent/guardian if under the age of 18: _____ Date _____

Photo/Video Release
 I hereby give permission for images of myself or child, captured during regular and special activities leading up to and including the WYD trip through video, photo, and digital camera, to be used solely for the purposes of the promotional materials and publications and waive any rights to compensation or ownership thereto. I agree to all the above stated consideration and conditions:

Signature of participant _____ Date _____
 AND
 Signature of parent/guardian if under the age of 18: _____ Date _____



Please send this registration form and payment to:
208 Romaine Street, Peterborough, ON K9J 2C4
705-749-0330 veyo@veyopeterboro.org