



World Youth Day Australia 2008

'You will receive power when the Holy Spirit has come upon you; and you will be my witnesses.' Acts 1:8

Peterborough Diocese Youth Pilgrimage REGISTRATION FORM



A	<input type="checkbox"/> TRIP 1	Pilgrimage to Korea & Australia	July 4th to July 26th, 2008
	<input type="checkbox"/> TRIP 2	Pilgrimage to Australia	July 9th to July 23rd, 2008

B

First/Last Name: _____
 Address: _____
 City/Prov./ Postal Code: _____
 Phone: _____ Email: _____
 Date of Birth: _____ Age on July 1, 2008 _____
 Passport Number: _____

Mother/Guardian: _____ Father/Guardian: _____
 Address: _____ Address: _____
 City/Prov/P.C.: _____ City/Prov/P.C.: _____

Are you or your family registered with a Parish within the Peterborough Diocese?
 Yes No

Name of Parish/Organization: _____
 Youth Ministry Contact: _____

For pilgrims under the age of 18 - Name of Person Guardian has designated in Charge
 The following person is authorized to act on my behalf:

Name (please print) _____
 Address _____
 City/Prov/Postal Code _____
 Relationship to Participant: _____
 Phone Number: _____

Signature of Parent: _____

C

World Youth Day 2008 Costs: (Calculations are based on the maximum amounts. Refunds will be made if amount is finalized at the lower price)

TRIP 1: July 4th to July 26th, 2008 - Korea & Australia (Sydney & Brisbane)

Total Cost: \$3,615.00—\$4,115.00 CDN
 First Deposit: \$300.00
 Remaining Payment Due: \$ 3,815.00

Payment Schedule (please check Option A or B or C) **NOTE:** All payments should be to "RCEC - WYD Trip"

Option A

Payment 1:	\$ 300.00	Due January 30, 2007
Payment 2:	\$ 500.00	Due April 1, 2007
Payment 3:	\$ 700.00	Due June 30, 2007
Payment 4:	\$ 1,200.00	Due October 1, 2007
Payment 5:	\$ 1,415.00	Due May 15, 2008 (Final amount to be finalized)

Option B

Payment 1:	\$ 300.00	Due January 30, 2007
15 payments using postdated cheque:	\$ 254.33 each	Dated Feb 15, 2007 to May 15, 2008

Option C

Payment in full:	\$ 4,115.00	Due January 30, 2007
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TRIP 2: July 9th to July 23rd, 2008 - Sydney Australia only

Total Cost: \$ 3,404.00—\$ 3,904 CDN
 First Deposit: \$ 300.00
 Remaining Payment Due: \$ 3,604.00 (Max)

Payment Schedule (please check Option A or B or C) **NOTE:** : All payments should be to "RCEC - WYD Trip"

Option A

Payment 1:	\$ 300.00	Due January 30, 2007
Payment 2:	\$ 500.00	Due April 1, 2007
Payment 3:	\$ 700.00	Due June 30, 2007
Payment 4:	\$ 1,200.00	Due October 1, 2007
Payment 5:	\$ 1,204.00	Due May 15, 2008 (Final amount to finalized)

Option B

Payment 1:	\$300.00	Due October 3, 2004
15 payments using postdated cheque:	\$ 240.27 each	Dated Feb 15, 2007 to May 15, 2008

Option C

Payment in full:	\$ 3,904.00	Due January 30, 2007
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D**MEDICAL TRAVEL INFORMATION****PLEASE INCLUDE:**

- A photocopy of your passport (you must have a valid passport to travel on this pilgrimage)
- a copy of your OHIP CARD (front and back).
- A copy of additional health insurance and travel insurance.
- List of medications taking at present (if any)

OHIP card number of participant: _____

Insurance Carrier: _____

Name of Primary Insured: _____

Policy or Group Number: _____

Family Physician: _____

Physician Phone Number: _____

IN CASE OF AN EMERGENCY CONTACT:

First/Last Name: _____

Address: _____

City/Prov./ Postal Code: _____

Phone: _____ Relationship to Participant: _____

*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 it's 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, it's leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.*

Parent/Guardian Signature _____ Date _____

Signature of Participant if over 18 years of age: _____ Date _____

E**STATEMENT OF CONSENT****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:
VEYO Centre, 208 Romaine St., Peterborough ON K9J 2C4

FOR OFFICE USE ONLY:

Date Registration Received: _____

 \$300 Deposit Received

 Balance Received Date _____

 Passport Info Received
 OHIP Info Received
 Health Coverage Info Received