

# 2<sup>nd</sup> Annual Archdiocese of Miami Pilgrimage to Lourdes

Today's Date: / /

I am interested in traveling Jun. 28<sup>th</sup> to Jul. 8<sup>th</sup> or Sep. 20<sup>th</sup> to Sep. 30<sup>th</sup>

## About the Traveler

Date of Birth: / /

**Complete Name** (exactly as it appears in your passport):

Name:

**Applying for:**  
(select only one)

**Pilgrimage**  
Special Needs Pilgrim  
Pilgrim

**Volunteer**  
Youth (14 to 17 years of age)  
Adult (18+ years of age)  
Hospitalité (18+ years of age)

**If serving at the Sanctuary, what year of Stagiaire will you be doing?**

**If serving at the Sanctuary, what Service would you like to sign up for?**

For Women: Service St. John the Baptist (Baths) Service Notre-Dame (Reception & Assisting the Sick)  
For Men: Service St. Joseph (only one choice)

### Contact Information:

Address:

City:

State Zip:

Home Phone: ( )

Cell Phone: ( )

Email:

**Languages you speak fluently:** English Spanish French Other:

**Have you completed VIRTUS training?** YES Date: / / NO

**Have you completed background checking?** YES Date: / / NO

**Are you a medical professional?** YES Occupation NO

### Health Insurance:

Subscriber's Name:

### Passport Information:

Passport Number: Issue Date: / /

Country of Issue: Expiration Date: / /

## Emergency Contact:

Name:

Relationship: Contact Phone ( )

## Office Use Only:

Deposit \$: ; / / Form of payment:

Final Payment \$: ; / / Form of payment:

Submitted: Passport photos Copy of Passport