



In the Footsteps of Saint Mary MacKillop  
Australian Pilgrimage  
17<sup>th</sup> October – 28<sup>th</sup> October 2023

## APPLICATION FORM

Pilgrims must be double vaccinated or have proof of medical exemption.  
Please attach a copy of Proof of Vaccination or Medical Exemption to this Application Form

### CONTACT DETAILS

Title (please select):      Sr      Br      Fr      Ms      Mr      Mrs      Other \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

(Name as it is on passport or other photo identification, e.g. Drivers Licence, Pension Card, State ID Card)

Christian name as you would like it on name tag: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home tel: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### EMERGENCY CONTACT DETAILS

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home tel: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

### DEPOSIT DETAILS

\$500 of which \$250 is non-refundable and to be paid on submitting this application form.

Please make cheques payable to & post to: **Cardigan Touring Services,**  
PO Box 4010, ALFREDTON VIC 3350

Direct Bank Transfer: **NAB**  
Account Name: [PILGRIMAGE ACC](#)  
BSB: **083-543**  
Acc: **748590581**

Credit Card Payment: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Full name on card \_\_\_\_\_

Card number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_ (last 3 digits on back of the card)

Signature \_\_\_\_\_

**Final Payment to be made by 1<sup>st</sup> September 2023.**

**ACCOMMODATION REQUIREMENTS** (please select your choice)

Single room or twin share \_\_\_\_\_ with whom \_\_\_\_\_

Do you require a walk-in shower (i.e. not over a bath)? ..... Yes No

Can you manage walking upstairs to accommodation? ..... Yes No

(In Portland some accommodation will be on an upper level)

**DIETARY REQUIREMENTS** (please select your choice)

Do you have any dietary requirements? ..... Yes No

If yes, please specify:

**HEALTH DETAILS** (please select your choice)

Do you have a health history of which we need to be aware? ..... Yes No

If yes, please specify:

*(If necessary please use an extra page.)*

**Please Note:** During the pilgrimage some physical activity will be required: walking, standing, entering and leaving the coach. If you experience any difficulties in these areas, please think carefully about whether you are fit enough for this pilgrimage. Those using a walking frame would find participation in this pilgrimage very difficult.

**PLEASE FORWARD APPLICATION FORM AND PHOTO ID (which includes your name)**  
e.g. Photocopy of Driver's Licence; or Passport; or State Identification Card

TO: Cardigan Touring Services,

Mary MacKillop Pilgrimage,  
PO Box 4010, ALFREDTON VICTORIA 3350  
Telephone: 0407 966 651. Email: [jim@go2000.com.au](mailto:jim@go2000.com.au)

## MEDICATION INFORMATION IN CASE OF EMERGENCY

### CURRENT DOCTOR'S CONTACT DETAILS

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

MEDICATION	MEDICAL CONDITION	DOSAGE, TIMES DAILY
E.G. Atacand	Blood Pressure	50mg 3 times daily

*(This information will be destroyed at the completion of the Pilgrimage)*

Please also include any over the counter medication and/or Vitamin supplements.

Please continue over the page if necessary.

### **PLEASE FORWARD A COPY OF THIS APPLICATION FORM, PHOTO ID AND MEDICAL INFORMATION TO:**

Australian Pilgrimage Co-Ordinator,  
Mary MacKillop Place,  
PO Box 1081,  
NORTH SYDNEY NSW 2059  
Email: [national.pilgrimage@mmp.org.au](mailto:national.pilgrimage@mmp.org.au)