



In the Footsteps of Saint Mary MacKillop
Australian Pilgrimage
9th - 20th September 2025

APPLICATION FORM

CONTACT DETAILS (Please print clearly)

Title (please circle): 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 in full by 8th August 2025.

ACCOMMODATION REQUIREMENTS (please circle 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 circle your choice)

Do you have any dietary requirements? Yes / No

If yes, please specify:

HEALTH DETAILS (please circle 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

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