



In the Footsteps of Saint Mary MacKillop
Australian Pilgrimage
15th October – 26th October 2024

APPLICATION FORM

CONTACT DETAILS (Please print clearly)

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 1st September 2024.

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

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