PONTIFICAL COUNCIL FOR THE PASTORAL CARE OF MIGRANTS AND TRAVELLING PEOPLE

PILGRIMAGE AND AUDIENCE WITH THE HOLY FATHER

ROME AND VATICAN, 23 – 27 OCTOBER 2015

REGISTRATION FORM

Block Letters

COUNTRY ..... IRELAND

Surname & name of the Leader Responsible for your Group: ……

Contact Tel. (00+) …… Mobile: (00+) ……

E-mail: ……

1. Total number of participants in your pilgrimage Group: ☐
2. Number of coaches *(if any)* ☐
3. Number of caravans *(if any)* ☐
4. Number of cars *(if any)* ☐
5. Number of Priests/Pastoral Workers accompanying Group *(if any)* ☐
6. Day of arrival in Rome …. October 2015 Day of departure …. October 2015
7. Your Group's place of residence in Rome:

   Accommodation type (e.g. hotel, camping):

   Rome address: .....

Please list here the Full Name of each pilgrim in your Group: *(please use a separate sheet if needed)*

…… …… ……

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…… …… ……

Date ..... ***Group Leader Signature*** .....

PLEASE RETURN, DULY FILLED, ON OR BEFORE WED. 19TH AUGUST 2015, TO:

THE PARISH OF THE TRAVELLING PEOPLE, 6 NEW CABRA ROAD, PHIBSBORO, DUBLIN 7

TEL. 01 838 8874 FAX: 01 838 8901 E-MAIL: **info@ptrav.ie**