



WEST CATHOLIC HIGH SCHOOL

Registration Form

West Catholic Pilgrimage to the Holy Sites of Italy
June 15-23, 2023

Name as it appears on your passport: *(Enclose a copy of the picture page of your passport with this form.)*

_____ Name You Prefer _____

Address _____ City _____

State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____

Email _____

Passport Number _____ Expiration Date _____

Date and Place of Birth: *(Required by hotels in Italy)*

Alternative Hotel Accommodation:

☐ Single ☐ Double

Name of Roommate _____

Dietary Restrictions _____

Physical Limitations: (Please note any physical limitations or medical conditions that will impede you from walking long distances, standing, or climbing stairs) **Do You Use?** ☐ walker ☐ cane

Emergency Contact _____ Relationship _____

Contact Numbers _____

I have received and read the Terms and Conditions for the June 15-23, 2023 West Catholic Pilgrimage to the Holy Sites of Italy. By payment of my deposit, I accept and agree to all the Terms and Conditions. I also agree that Roots in Rome LLC cannot be held liable for any injury or injuries sustained during the pilgrimage.

Signature _____ Date _____

Print Name _____

Witness *(a non-family member)* _____

Witness *(print name)* _____