

St. Thomas Aquinas Catholic Church pilgrimage to the

MARCH FOR LIFE

Washington D.C. | Jan. 18-20 2018

Deadline for registration is November 13, 2017 (registration by this deadline does not guarantee availability)

INSTRUCTIONS

- Please complete the following form and submit payment in full no later than November 13, 2017.
- Make checks payable to: **St. Thomas Aquinas Catholic Church**
- Send checks to: St. Thomas Aquinas Catholic Church, Attn: Amanda Zurface,
144 North 5th Street, Zanesville, Ohio 43701

NAME AND INFORMATION

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Please note: If you are a minor (under the Age of 18), you will need a parent guardian to accompany you on this pilgrimage. Please include their name and contact information:

Parent Name: _____ Phone: _____

Parish: _____

EMERGENCY CONTACT INFORMATION

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

ROOM AND TRAVEL

Please select your room preference (transportation included in price):

- Single Occupancy (1 King Size Bed) for two nights: **\$340** per individual or **\$460** per couple.

Will your spouse be joining you? Even though he/she will need to submit their own registration form, please state his/her name: _____

- Double Occupancy (2 Queen Size Beds) for two nights: **\$260** per individual

Have you made an arrangement for a roommate? If so, please list his/her name:

- Quad Occupancy (2 Queen Size Beds) for two nights: **\$230** per individual

Have you made arrangements for roommates? If so, please list their names:

HEALTH AND WELLNESS

This is a physically demanding pilgrimage. Participants will be expected to bring good walking shoes or tennis shoes and clothing for cold weather.

- I am able to stay with the group as we walk **5-8 miles** the day of the March.
- I am unable to walk but would still like to attend. I will remain at the hotel the day of the March, or will make other arrangements.

Please complete the following questions if they apply to you:

Knee problems/please indicate: _____

Foot problems/please indicate: _____

Do you have additional medical issues and/or needs? _____

Please provide a list of your medications: _____

Signature: _____ Date: _____

A photo is required as part of the application process. You can either include a photo with this application form or e-mail to: amanda.zurface@aquinaszanesville.org