



World Youth Day INTERNATIONAL PILGRIMAGE REGISTRATION

****Please read and complete the following form carefully. Any misinformation may result in your registration being canceled.***

REGISTRANT INFORMATION:

FULL NAME (As written on your passport)

First Name	
Middle Name	
Last Name	

Date of Birth (mm/dd/yyyy)	
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Mailing Address	
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Cell Phone Number:	
Preferred Method of Contact:	CALL ___ TEXT ___ EMAIL ___
Email:	
Confirm Email	

Home Parish and City	
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T-shirt Size (Unisex sizing)	
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EMERGENCY CONTACT: (Persons who are contactable while you are in Portugal)

Emergency Contact #1

Name:		Phone:	
Email:		Relation to Pilgrim:	

Emergency Contact #2

Name:		Phone:	
Email:		Relation to Pilgrim:	



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TELL US A LITTLE ABOUT YOURSELF:

- 1) Have you previously attended World Youth Day?

Yes

No

If Yes, which years and where?

- 2) Which of the following best describes you:

I am a post-secondary student.

(Name of Institution/Order)

I am a full-time or part-time professional in the workforce.

I am still discerning my next steps for employment and education.

I am currently in Seminary/Formation for Religious Life and/or discerning.

(Name of Institution/order)

- 3) Are you interested in participating in Diocesan fundraising opportunities to help offset your registration costs?

YES

NO

- 4) English is a second language for me

YES

NO

If yes, please share your preferred language of communication:

- 5) I speak fluent Portuguese

YES

NO

- 6) I would like single double occupancy.

If double please indicate if you have a preferred roommate. _____

- 7) I am a Canadian citizen.

YES

NO

If No, from what country do you hold a passport? _____



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MEDICAL INFORMATION:

Please list all allergies group leaders should be aware of (i.e. environmental, food and medication etc.) and their severity.

Allergy	Severity	Medication used to address allergy
<i>i.e. Bees</i>	<i>i.e. Anaphylaxis</i>	<i>i.e. Epi-Pen</i>

Please list any medical conditions or needs that group leaders should be aware of:

Condition	Severity	How can organizers support

I have dietary concerns organizers should be aware of when planning for meals:

YES (please be specific in the space provided below)

NO

i.e. Celiac, Vegan etc.



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CONSENT

Please check each of the boxes below to confirm you read and understand the following:

- All pilgrims will commit to traveling together as a larger delegation, representing the Roman Catholic Diocese of Hamilton, Ontario Canada.
- The Diocese of Hamilton WYD Planning team will offer two Delegation Pilgrim Formation Events. These are not mandatory but very strongly recommended and encouraged – please put the dates listed below on your calendar now:
 - 1) Saturday, January 14, 2023 (10am – 3pm)
 - 2) Saturday, May 13, 2023 (10am – 3pm)
- I understand the Final Information Meetings for our pilgrimage are mandatory
 - 1) Wednesday, July 5, 2023 (7:00pm)
 - 2) Wednesday, July 19, 2023 (7:00pm)
- I acknowledge a passport is required for travel to Portugal and I must have a valid passport in hand no later than January 31, 2023 and is valid until at least February 07, 2024.
- I acknowledge that this trip may be physically demanding and will require my ability to walk long distances and navigate large crowds.
- I understand that the Diocese of Hamilton will follow all recommended Public Health guidelines for travel in 2023. More details will be given as they are made available closer to the date of departure.
- I acknowledge that my initial deposit of **\$1,100.00 due August 15, 2022** is non-refundable.
- I have reviewed the payment plan on the Diocese of Hamilton WYD Website. I agree to pay my entire remaining balance by **February 15, 2023**. I understand this balance is non-refundable.
- I understand that my registration is non-transferrable after February 15, 2023.
- I understand that under Diocesan policy, I must have medical insurance for this pilgrimage and that it is my own financial responsibility.

Signature of Applicant

Date of Application