



**Immaculate Heart of Mary
WYD 2016 Pilgrimage
Individual Information Sheet
Complete one form per individual.**

Home Parish: _____

First Name (please print): _____ Middle Initial: _____

Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home#: _____ Cell#: _____

Do you have a Facebook account? YES NO T-shirt size: _____

Birthdate: _____

For pilgrims born after April 30, 1993, please complete this section:

Parent/guardian(s) name (Indicate last name if different from own):

Parent/guardian(s) contact numbers (Indicate Home, Work, Cell):

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

Are you? (circle one): Youth Adult Male Female

Special Needs (circle): Wheelchair Access Hearing Impaired Visually Impaired Mobility Impaired
Please detail any special needs in writing, on the back of this form, or separately.

**Non-Refundable Deposit of \$250 per person is due by August 15, 2014
Make checks payable to Immaculate Heart of Mary Church**

