

# Taize 2009

## Booking Form

I would like to join the pilgrimage and enclose a cheque for **£50 as a non refundable deposit**. Please make cheques payable to **C.C.D.T.R.** (Clifton Catholic Diocesan Trustees Registered).

PRINT NAME .....

ADDRESS.....

..... POSTCODE.....

TELEPHONE  
(code).....(Number)..... MOBILE.....

E-MAIL.....

OCCUPATION..... DATE OF BIRTH: .....

PARISH/ CHURCH.....

EMERGENCY CONTACT PERSON and TELEPHONE NUMBERS.....

.....

.....

DO YOU HAVE ANY MEDICAL CONDITION OR DISABILITY OF WHICH WE SHOULD BE AWARE?

.....

IF YES, DO YOU TAKE ANY PARTICULAR MEDICATION?

.....

DO YOU HAVE AN ALLERGIC REACTION TO ANY DRUGS?.....

# Taize 2009

***Please complete this section:***

I agree to participate fully in this pilgrimage as directed by those who have responsibility for leading it on the journey, and its conduct in the Diocese prior to Taize, and on the pilgrimage itself.

Signed .....

**If you are under 18 please have this consent form signed by a parent/guardian and have them complete the next section of the form:**

I consent to my daughter/son .....

joining the **Taize 2009** Clifton Diocesan Pilgrimage

SIGNED..... DATE: .....

PRINT NAME:.....

ADDRESS.....

..... POSTCODE: .....

TELEPHONE

(code).....(Number)..... MOBILE No: .....

*I give my permission for the leaders of the Taize 2009 Pilgrimage to act on my behalf and I give my consent to any appropriate medical treatment that a doctor recommends in the case of an accident or illness to my son/daughter.*

Signed..... Date.....

## **PLEASE REMEMBER THAT YOU WILL NEED A FULL PASSPORT AND AN EHC CARD**

European health insurance cards are available on line from the department of health

Please return this form to:

Ronnie Mitchinson, Diocese of Clifton  
Alexander House, 160 Pennywell Road, Bristol BS5 0TX