

World Youth Day Panama 2019

MAKE ALL CHECKS AND PAYMENTS TO: JMJ Youth Pilgrimages
AND SEND TO: Theresa Austin
2627 Lore Road, Anchorage, AK 99507
Email: taustin@gci.net Phone: (907) 349-8388

Please use one enrollment form per person. Print legibly or type the information below.
Include your FULL mailing address with no abbreviations.

Your name must be printed as it is on your passport. Your passport must be valid up to 6 months after your scheduled return.
Please provide a copy of your passport with this registration. If you need to obtain a passport, please send a copy immediately.

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
DATE OF BIRTH: ___/___/___ GENDER: M___ F___ CONTACT PHONE: _____
HOME PHONE _____ E-Mail: _____
Parish Name: _____ Preferred Roommate: _____
ARE YOU A U.S. CITIZEN? YES ___ NO ___ (Where) _____
EMERGENCY CONTACT NAME: _____ TEL. No. _____
E-Mail _____
Medical Issues¹: _____
Dietary Issues²: _____

¹ Medical Issues: Note any physical disability, illness, allergy, special medication, or other medical condition that may require special mention or accommodation.

² Dietary Needs: Note any dietary restrictions or allergies that may require special accommodation. While we will do our best to provide for all needs, those with restricted diets should be prepared to carry their own supplementary food.

OPTION 1: ___ **\$4,250** **WYD 16-day pilgrimage with mission trip to Costa Rica**
(January 13-28, 2019)

OPTION 2: ___ **\$3,350** **WYD 11-day pilgrimage** (January 18-28, 2019)

OPTIONAL DAY TRIP: ___ +\$65 JUNEAU FLIGHTS: ___ +\$165

Register before June 15, 2017 for \$100 off!

Cancellation Fees

Cancellation Date (on or after)	Total Fee (subtracted from refund)
Deposit	\$300
October 15, 2017	\$500
January 15, 2018	\$800
July 15, 2018	\$900 + 50% airfare
September 15, 2018	No refunds available

Please attach down payment of \$300 to register and hold your place.

If you will be paying by Credit Card please fill out the bottom portion of this form.

*Credit card transactions will be subject to a convenience processing fee.

Name on the Card: _____
Card Number: _____ Exp Date: _____
Billing Address: _____ CVC Code: _____
Signature: _____

Please attach down payment of \$300 to register and hold your place.