GROUPS Form a.1

NAME OF GROUP				
ADDRESS _ _ _ _ _ _ _				
ZIP CODE _ _ _ CITY _ _ _ _ _ _				
STATE _ _ COUNTRY _ _ _ _ _ _ _ _				
E-MAIL _ _ _ _ _ _ _ _ _ _ _				
LANGUAGE GROUP				
\square Italian \square French \square English \square German \square Spanish \square Portuguese \square Polish				
☐ OTHER				
NUMBER OF GROUP PARTICIPANTS _ NUMBER OF DISABLED _				
NUMBER OF PRIESTS _ OF DEACONS _				
DATE OF ARR. IN ROME / DATE OF DEP. FROM ROME _/ _				
MEANS OF TRANSPORTATION _ _ _ _ _ _ _ _ _ _ _				
ARRIVING IN ROME BY PLANE OR TRAIN: INDICATE THE DATE, THE TIME AND THE PLACE				
TRANSPORTATION TO AND FROM THE AIRPORT AND TRAINSTATION ARE NOT PROVIDED FOR.				
THE GROUP WILL ATTEND:				
(Please check the box of the event(s) that the group will be attending)				
PILGRIMAGE TO THE TOMB OF PETER – SATURDAY MORNING (April 27, 2013)				
PILGRIMAGE TO THE TOMB OF PETER – SATURDAY AFTERNOON (April 27, 2013)				
HOLY MASS WITH THE POPE – SUNDAY MORNING (April 28, 2013)				
FEAST OF TESTIMONIALS IN ST. PETER SOLIARE (April 28, 2013)				

GROUP LEADER
LAST NAME _ _ _ _ _ _ _ _
FIRST NAME _ _ _ _ _ _ _
ADDRESS _ _ _ _ _ _ _
ZIP CODE _ _ _ CITY _ _ _ _ _
STATE _ _ COUNTRY _ _ _ _ _
BORN IN _ _ _ _ ON (DD/MM/YY) _/_ _
NATIONALITY _ _ _ _ _ _
COUNTRY CODE TEL.
FAX _ _ _ - _ _ _ _
TEL. MOBILE _ - - _ _
E-MAIL _ _ _ _ _ _ _ _ _ _
DOCUMENT O PASSPORT O IDENTITY CARD N. _ _ _ _ _ _ _ _
ISSUED/RENEWED (DD/MM/YY) _ _ / _ _ DATE OF EXPIRATION (DD/MM/YY) _ _ / _ _ _

DATE ______ SIGNATURE_____
The processing of all personal information is done manually or electronically and follows the strict institutional guidelines of ORP in

CHECK ☑ THE ACCOMMODATION PROPOSAL INDICATE THE NUMBER OF PARTICIPANTS AND OF ROOMS

☐ ACCOMMODATION PROPOSAL					
APRIL 27-28, 2013 (2 days / 1 night)					
• 1 night stay in double room • 1 dinner and 1 breakfast (drinks not included) • Pilgrim's Kit • Public transportation card (for 2 days) • Medical insurance					
Cost per person					
☐Religious House	☐ Religious Institute	☐ 3* Hotel	☐ 4* Hotel		
€ 60,00	€ 85,00	€ 100,00	€ 120,00		
Single room supplement	Single room supplement	Single room supplement	Single room supplement		
€ 15,00	€ 20,00	€ 28,00	€ 80,00		
□ Religious House NUMBER OF PERSONS _ _ NUMBER OF DOUBLE ROOMS _ _ NUMBER OF SINGLE ROOMS _ _ Religious Institute NUMBER OF PERSONS _ _ NUMBER OF DOUBLE ROOMS _ NUMBER OF SINGLE ROOMS _ _ 3* Hotel NUMBER OF PERSONS _ _ NUMBER OF DOUBLE ROOMS _ NUMBER OF SINGLE ROOMS _ _ 4* Hotel NUMBER OF PERSONS _ _ NUMBER OF DOUBLE ROOMS _ NUMBER OF SINGLE ROOMS _ _					

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SIGNATURE _____