BISHOPS Form c.1

DIOCESE		
LAST NAME _ _ _ _	_	
FIRST NAME _ _ _ _ _	_ _ _ _	
ADDRESS _ _ _ _ _ _ _	_ _ _ _	
ZIP CODE _ _ _ CITY		
STATE _ _ COUNTRY _	_ _ _ _	
BORN IN _ _ _ _ _	ON (DD/MM/YY) _/_ _/_	
NATIONALITY _ _ _ _		
COUNTRY CODE _ _ TEL. _		
FAX _ _ _ - _ -	_ _ _	
TEL. MOBILE _ _ - -	_ _ _	
OTHER TEL. _ _ - -	_ _ _	
E-MAIL _ _ _	_ _ _ _ _	
DOCUMENT O PASSPORT O IDENTITY CARD	N. _ _ _ _	
ISSUED/RENEWED (DD/MM/YY) _ _ / _ _ DATE (OF EXPIRATION (DD/MM/YY) _/_ _ _	
LANGUA	GE GROUP	
☐ ITALIAN ☐ FRENCH ☐ ENGLISH ☐ GERMAI	N □ SPANISH □ PORTUGUESE □ POLISH	
OTHER		
LAZUL ATTEND		
I WILL ATTEND: (Please check the box of the event(s) that you will be att	ending)	
☐ PILGRIMAGE TO THE TOMB OF PETER – SATI	JRDAY MORNING (April 27, 2013)	
PILGRIMAGE TO THE TOMB OF PETER – SATI	JRDAY AFTERNOON (April 27, 2013)	
HOLY MASS WITH THE POPE – SUNDAY MORNING (April 28, 2013)		
FEAST OF TESTIMONIALS IN ST. PETER SQUARE (April 28, 2013)		

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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 € 60,00 Single room supplement € 15,00	☐ Religious Institute € 85,00 Single room supplement € 20,00	☐ 3* Hotel € 100,00 Single room supplement € 28,00	☐ 4* Hotel € 120,00 Single room supplement € 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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