b) SINGLE FORM b.1

LAST NAME  _ _ _ _ _ _ _ _		
FIRST NAME   _ _ _ _ _ _		
ADDRESS   _ _ _ _ _		
ZIP CODE   _ _  CITY   _ _ _ _ _ _		
STATE  _ _  COUNTRY   _ _ _ _ _ _ _		
PLACE OF BIRTH   _ _ _ _		
DATE OF BIRTH (DAY/MONTH/YEAR)   _/_ _		
NATIONALITY   _ _ _ _ _ _ _		
COUNTRY CODE     TEL.   _ _   _ _ _ _ _		
FAX  _ _ _ - _  _ _ _ _		
CELL NUMBER   _ - _ -  _ _ _ _		
HOME PHONE   _ _ -  _ _ _ _ _		
E-MAIL  _ _ _ _ _ _ _ _ _		
DOCUMENT O PASSPORT O IDENTITY CARD N.   _ _ _ _ _ _ _ _ _ _		
DATE OF ISSUE (DAY/MONTH/YEAR)   _/_ _		
DATE OF EXPIRATION (DAY/MONTH/YEAR)   _/ _		
IF ORDAINED ☐ PRIEST ☐ DEACON		
(indicate the diocese or religious community to which you belong)		
LANGUAGE GROUP		
$\square$ italian $\square$ french $\square$ english $\square$ german $\square$ spanish $\square$ portuguese $\square$ polish		
□ other_		

NOTE YOUR SELECTION BY CHECKING THE BOX  $\square$  INDICATE THE NUMBER OF PARTICIPANTRS AND ROOMS

PROPOSAL 1.
July 4-7 (4 days / 3 nights)
Room and Board in a Seminary/Religious House
Price per person, € 200,00  € 45,00 additional charge for a single room
This price includes:  3 night stay in a room with two or multiple beds in a Seminary or Religious House; 2 dinners and 3 breakfasts (drinks not included); 3 box lunches; 4 transfers by private bus, lodging/City/lodging; Pilgrim Kit; Public transportation card, valid for 4 days, for the City of Rome; Medical insurance.
TOTAL NUMBER OF PARTICIPANTS    _  NUMBER OF DOUBLE ROOMS   _  NUMBER OF SINGLE ROOMS   _  NUMBER OF PEOPLE IN MULTIPLE ROOMS   _
PROPOSAL 2.
July 4-7 (4 days)
Only Services
Price per person, € 80,00
This price includes: 3 box lunches; Pilgrim Kit; Public transportation card, valid for 4 days, for the City of Rome; Medical insurance.
TOTAL NUMBER OF PARTICIPANTS   _
PROPOSAL 3.
Solidarity Contribution
This proposal is for those not needing either <i>Room and Board</i> (Proposal 1) or <i>Only Servi</i> ce (Proposal 2).
Price per person, € 10,00
<b>This price includes:</b> The Pilgrim Kit and the event materials. These funds will also be used to enable those of the faithful coming from economically challenged countries to participate in the different events of the Year of Faith
TOTAL NUMBER OF PARTICIPANTS   _
PARTICIPANTS WHO CHOSE PROPOSAL 2 OR 3 MUST PROVIDE THE ADDRESS OF WHERE THEY ARE STAYING IN ROME DURING THE PERIOD OF THE EVENT.
STREET/PIAZZA  _ _ _ _ _ _ _ _ _  _  _  NR  _
CODE  _ _ _  CITY  _   _   _   _   _   _
DATE OF ARRIVAL IN ROME   _/_    DEPARTURE FROM ROME   _/
DATE SIGNATURE

The processing of all personal information is done manually or electronically and follows the strict institutional guidelines of ORP in order to guarantee the security and confidentiality of all information submitted.