**Logo, company name

Description automatically generatedDIOCESE OF CHARLESTON**

**WORLD YOUTH DAY - LISBON 2023**

**REGISTRATION FORM**

**One form is required per person**

**PERSONAL INFORMATION:**

**Legal Name: (as it appears on your passport):**

Address:

City: State: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Cell #: E-mail:

M F Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ US Citizen: Y N

Passport #: Passport Expiration date:

Please furnish us with a copy of your passport for our files. E-mail to Mary Corder at mcorder@charlestondiocese.org

**GUARDIAN INFORMATION:**

Type of Registration: Youth Adult Parent/Guardian for Youth:

Relationship of Parent/Guardian: Contact # for Parent/Guardian:

**RESERVATION INFORMATION:**

Type of Room: Single Double (1 double bed) Twin(2 single beds)

Roommate(s):

Group Name: Diocese of Charleston

Group Leader: Deacon Jerry White Leader e-mail: jwhite@charlestondiocese.org

Special Requests/Dietary Restrictions:

**DEPARTURE CITY:** Charleston Greenville Columbia

**INSURANCE:** The Diocese of Charleston **REQUIRES** travel insurance to participate in the Pilgrimage. Dube Travel is offering two options through Allianz Insurance – Classic and Classic with Cancel for Any Reason. **Cancel for Any Reason requires purchase within two weeks of registration.**  Travel insurance will give you travel protection before and during your trip as well as cancellation coverage. Please call Erin at Dube Travel at 1-800-879-3823 to purchase or email Erin at [wyd@dubetravel.com](mailto:wyd@dubetravel.com)

**DEPOSIT INFORMATION**

I have read and acknowledge the tour conditions/responsibilities and cancellation information:

Signature: Date:

Parent/Guardian Signature for pilgrim under 18: Date:

***MAIL COMPLETED FORM TO:***

***DIOCESE OF CHARLESTON, 901 ORANGE GROVE ROAD, CHARLESTON, SC 29407, ATTN: YOUTH MINISTRY.***