

## *Registration Form 2019*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ P/C: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Male/Female (M/F) \_\_\_\_\_

### **Do you require**

- |   |          |
|---|----------|
| 1. Car parking at Beechworth during the Pilgrimage?             | Yes / No |
| 2. Billeting in Beechworth Fri 8th [ ] Sat 9 <sup>th</sup> [ ]? |          |
| 3. A special diet?  |          |
| Please specify _____  |          |

While support will be given when we are able, each walker is responsible for his or her own safety, medical and first aid needs, and emergency communications if needed.

I have read the information provided with this form and agree to the conditions set out.

**Signed:** \_\_\_\_\_

**FEES** First time **\$390.00** Second time **\$360.00**

**Discounts are available for special circumstances. Please enquire.**

An additional \$30 may be paid with your fee to cover lunches which will be purchased from a bakery and delivered on 3 days of the walk.

[ ] \$50 deposit enclosed

Cheque or money order made out to  
"Beechworth Uniting Church"

**OR**

[ ] Direct credit

**BSB 803070 A/C No 100108939**

Please specify "**Celtic**" and **surname**.

***CELTIC PILGRIMAGE***

**32 Elgin Rd., Beechworth 3747**

**Telephone: (03) 5728 2835**

**Email: beechworthcelticpilgrimage@gmail.com**